



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JUL 18 PM 12:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>04-05</i>
DOCUMENT # P02000043775 1. Corporation Name WHISKEY RIVER HOLDINGS, INC.				
2. Principal Office Address 220 N. Orange Blossom Trail Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		
City & State Orlando, Florida Zip 32805		City & State Zip Country		
4. Date Incorporated or Qualified To Do Business in Florida				JUL 21 2005
5. FEI Number 010677074			Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name Christopher T. Weising		
Street Address (P.O. Box Number is Not Acceptable) 229 N. Orange Blossom Trail		
Suite, Apt. #, Etc.		
City Orlando	State FL	Zip Code 32805

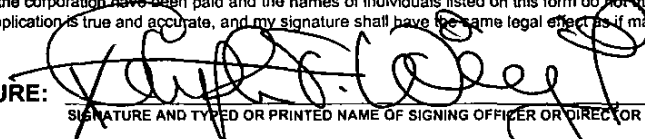
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  Date: **7/13/05**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Christopher T. Weising	220 N. Orange Blossom Trail	Orlando, FL 32805

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  **7/13/05** 407-468-0978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)