


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P02000100157</i>			
1. Corporation Name Resort, Inc.			
2. Principal Office Address 105 Main St. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 839 Suite, Apt. #, etc.	
City & State Creede, Colorado		City & State Creede, Colorado	
Zip 81130	Country USA	Zip 81130	Country USA

FILED
05 APR 20 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida Sept. 2002

5. FEI Number 35-2183213 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent		
Name James Collins		
Street Address (P.O. Box Number is Not Acceptable) 105 Main St.		
Suite, Apt. #, Etc.		
City Creede, Colorado	State FL	Zip Code 81130

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 *[Signature]* **REGISTERED AGENT MUST SIGN** **Date** 18 Apr 05

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
Owner	James Collins	105 Main St.	Creede, Colorado 81130

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 18 Apr 05 **Daytime Phone #**

CR2E081 (01/05)

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Resort, Inc.
105 Main St.
Creede, Colorado 81130
719-658-2940

To Whom it may concern:

Recently it has come to my attention that my corporation has not been kept in good standing with the state of Florida. The form that is sent by the state have been sent to the wrong address and should be sent to the following address P.O. Box 839, Creede, Colorado 81130. Enclosed is the reinstatement fee of \$450 per your office's instructions and conversation. If there is any questions please call me immediately. This address should have been changed in 2002. Please make sure that the file refelects this information. Thank you.

Sincerely

James P. Collins