

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000047530

FILED
Oct 28, 2010
Secretary of State

Entity Name: RESIDENTIAL RESORTS GROUP INC.

Current Principal Place of Business:

1223 TROPICAIRE BLVD
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 494331
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 26-0557282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMAN, MICHAEL W
1223 TROPICAIRE BLVD
PORT CHARLOTTE, FL 34286 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL W GORMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GORMAN, MICHAEL W
Address: 1223 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286 US

Title: VP
Name: GORMAN, MICHAEL W
Address: 1223 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286 US

Title: T
Name: GORMAN, MICHAEL W
Address: 1223 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL W GORMAN

P

10/28/2010

Electronic Signature of Signing Officer or Director

Date