PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -5 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064575

1. Corporation Name

GRANDE ISLE RESORTS, INC.

Principal Place of Business	Mailing Address
420 OAK HARBOUR LANE UNIT 201 DESTIN FL 32541	420 OAK HARBOUR LANE UNIT 201 DESTIN FL 32541

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97 AM

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
~~425 Pensacola Bch BLVD. Unit A-1~~	
Suite, Apt. #, etc.: 725 Pensacola Bch. BLVD. Unit A-1	Suite, Apt. #, etc.: 725 Pensa. Bch BLVD Unit A-1
City & State: Pensacola Bch, Fl.	City & State: Pensacola Bch Fl
Zip: 32561 Country: Escambia	Zip: 32561 Country: Escambia

4. Date Incorporated or Qualified To Do Business in Florida: 09/01/1994

5. FEI Number: 59-3264906 ~~APPLIED FOR~~ — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~PSD~~ PD	HEAD, HOWARD O	~~420 OAK HARBOUR LANE~~ 725 Pensa. Bch. BLVD Unit A-1	~~DESTIN FL 32541~~ Pensa, Bch. FL. 32561
S	William Golinas	8 Breeze ST	Gulf, Bz. FL. 32561
			700002366257--3
			-127087 97--01141--026
			****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HEAD, HOWARD O ~~420 OAK HARBOUR LANE~~ 725 Pensa Bch BLVD Unit A1 ~~UNIT 201~~ Pensa. Bch FL. 32561 ~~DESTIN FL 32541~~	Name: Howard O. Head Street Address (P.O. Box Number is Not Acceptable): 725 Pensa. Bch. BLVD ~~Unit A-1~~ Suite, Apt. #, Etc.: Unit A-1 City: Pensacola Bch — State: FL — Zip Code: 32561

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 12/3/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No [ ] (See other side for information on intangible tax.)

12. 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] Pres/Director 12/3/97 — 850 654-5044

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

CR2E040 (8/97)