

JUN-08-2004 16:36

GRAY ROBINSON

407 4186529

P.02/02

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P86000010868					
1. Corporation Name MARINER CLUB, INC.					
364 WILMINGTON WEST CHESTER PIKE 301 E. PINE STREET					
2. Principal Office Address 364 WILMINGTON WEST CHESTER			3. Mailing Office Address 301 E. PINE STREET		
Suite, Apt. #, etc.			Suite, Apt. #, etc. SUITE 1400		
City & State GLEN MILLS, PA			City & State ORLANDO, FL		
Zip 19342	Country U.S.A.	Zip 32801	Country U.S.A.		

04 JUN -9 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 02/05/1998	
5. FEI Number 23-2835874	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ 8B 75 Additional fee required for Certificate of Status	

7. Name and Address of Current Registered Agent	
Name JAMES BALLETTA	
Street Address (P.O. Box Number is Not Acceptable) 301 E. PINE STREET	
Suite, Apt. #, etc. SUITE 1400	
City ORLANDO	State FL
	Zip Code 32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

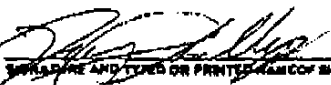
Date JUNE 8, 2004

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

TYPE	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
DP	CHRISTOPHER T. SPANO	364 WILMINGTON WEST CHESTER	GLEN MILLS, PA 19342
VST	FRANK X. PHILLIPS	364 WILMINGTON WEST CHESTER	GLEN MILLS, PA 19342

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)(b), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE


 FRANK PHILLIPS

6/8/04

C10 5581500

Date

Debit Phone #

65

TOTAL P.02

JUN 08 2004 15:36

6105580214

97%

P.03
TOTAL P.02

2014

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000122042 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

CORPORATION REINSTATEMENT

MARINER CLUB, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75