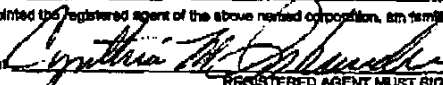


1 of 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: 28

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P96000021355			
1. Corporation Name BEACH RESORT MANAGEMENT, INC.			
2. Principal Office Address 1445 Brightwaters Blvd NE	3. Mailing Office Address 1445 Brightwaters Blvd NE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State St. Petersburg, FL	City & State St. Petersburg, FL		
Zip 33704	Country US	Zip 33704	Country US
4. Date Incorporated or Qualified To Do Business in Florida 03/08/1996		5. FEI Number 593364064	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Cynthia M. Iskander			
Street Address (P.O. Box Number is Not Acceptable) 1445 Brightwaters Blvd NE			
Suite, Apt. #, Etc.			
City St. Petersburg		State FL	Zip Code 33701
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 12/14/05	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Cynthia M. Iskander	1445 Brightwaters Blvd NE	St. Petersburg, FL 33704
10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapters 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)(f), 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 		Date 12/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

12/15/2005 15:11

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CT CORPORATION SYSTEM

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

BEACH RESORT MANAGEMENT, INC.

Certificate of Status	0
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