1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 31 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079445

1. Corporation Name

Indian Creek Management, Inc.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
1140 Reservoir Ave	1140 Reservoir Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cranston, RI	City & State: Cranston, RI
Zip: 02920 Country: USA	Zip: 02920 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/25/96

5. FEI Number: 05-0493185 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Brian Courtney Asst. V. Pres. Date: 1-31-02

REGISTERED AGENT MUST SIGN

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
P	Elizabeth Procaccianti	1140 Reservoir Ave	Cranston, RI
			100004851671--9

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

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ACCOUNT NO. : 072100000032

REFERENCE : 166094 7138889

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 900.00

Per J.J.

ORDER DATE : January 30, 2002

ORDER TIME : 1:03 PM

ORDER NO. : 166094-010

CUSTOMER NO: 7138889

CUSTOMER: Ms. Renee Ferguson
Indian Creek Hotel Investors
1140 Reservoir Avenue

Cranston, RI 02920

DOMESTIC FILINGS

RECEIVED
02 JAN 31 PM 2:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: INDIAN CREEK MANAGEMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____