


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000056069		
1. Entity Name JACARANDA HOSPITALITY, INC.		

Principal Place of Business 400 COMMERCIAL COURT VENICE, FL 34292 US	Mailing Address <del>4675 N. TAMiami TRAIL</del> <del>SARASOTA, FL 34234</del> US 400 COMMERCIAL COURT VENICE, FL 34292
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2. Principal Place of Business 400 Commercial Ct, Venice, FL Suite, Apt. #, etc.	3. Mailing Address 400 Commercial Court Suite, Apt. #, etc.
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City & State VENICE FL	City & State VENICE FL
Zip 34292	Zip 34292
Country US	Country US

FILED  
05 MAY 31 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

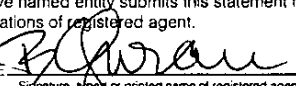


05232005 REIN-P CR2E098 (6/04)

4. FEI Number 62-1701955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

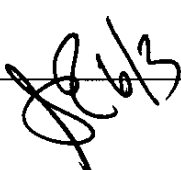
6. Name and Address of Current Registered Agent GURAN, BOHDAN T 4675 N. TAMiami TRAIL SARASOTA, FL 34234	7. Name and Address of New Registered Agent Name GURAN, BOHDAN T Street Address (P.O. Box Number is Not Acceptable) 400 COMMERCIAL COURT City VENICE FL Zip Code 34292
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 5/24/05

Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GURAN, ZENON 3311 U.W. 98 NORTH LAKELAND, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GURAN, ZENON 6914 CONLEY DR. POLK CITY, FL 33868 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GURAN, BOHDAN 4675 N. TAMiami TRAIL SARASOTA, FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GURAN, BOHDAN 400 COMMERCIAL COURT VENICE, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700055541947 05/31/05--01085--007 ***308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 5/24/05 DAYTIME PHONE #: 941-480-9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR