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
98 APR -6 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000104354

1. Corporation Name

PENINSULA RESORT PROPERTIES, INC.

Principal Place of Business / Mailing Address

~~400 Perrine Road~~
~~Old Bridge, NJ 08857~~
41 Arthur St.
E. Brunswick, NJ 08816

REINSTATEMENT 98-99 AR

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

2. New Principal Office Address, If Applicable
41 Arthur Street
Suite, Apt. #, etc.
City & State
East Brunswick, NJ
Zip: 08816 Country: US

3. New Mailing Office Address, If Applicable
41 Arthur Street
Suite, Apt. #, etc.
City & State
East Brunswick, NJ
Zip: 08816 Country: US

4. Date Incorporated or Qualified To Do Business In Florida: 12/11/97

5. FEI Number: 59-3488723 (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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, T S, D	Raymond Neville	41 Arthur Street	East Brunswick, NJ 08816

700002837397--8
-04/13/99--01006--012
****908.75 ****908.75

8. Name and Address of Current Registered Agent

NRAI Services, Inc.
526 East Park Avenue
Tallahassee, Florida 32301

9. Name and Address of New Registered Agent

Name: Clayton H. Blanchard, Jr.
Street Address (P.O. Box Number is Not Acceptable): 35 E. Pinehurst Blvd.
Suite, Apt. #, Etc.
City: Eustis State: FL Zip Code: 32726

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] REGISTERED AGENT MUST SIGN

Date: March 16, 1999

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 16, 1999
Date

732-723-3500
Daytime Phone #

CR2E045 (12/96)