

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -5 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095934

1. Corporation Name
CASA DE PLAYA, INC.

Principal Place of Business 612 GULF BOULEVARD INDIAN ROCK BEACH FL 33785	Mailing Address 612 GULF BOULEVARD INDIAN ROCK BEACH FL 33785
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc.		Suite, Apt #, etc.		11/10/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		SA-3542884	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$575. A filing fee is required for each 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	4. City / State / Zip
STD PD	JOHNSON, PAMELA E	612 GULF BOULEVARD 526 FAIRVIEW RD	INDIAN ROCK BEACH FL 33785 PENN VALLEY, PA 19072
PD	MILLER, GLEN J N/A	612 GULF BOULEVARD	INDIAN ROCK BEACH FL 33785
			600003046676--1 -11/17/99--01011--016 ****750.00 ****750.00
REINSTATEMENT 99 ITS			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOHNSON, PAMELA E 612 GULF BOULEVARD INDIAN ROCKS BEACH FL 33785		Name Street Address (P.O. Box Number is Not Acceptable) 612 GULF BLVD Suite, Apt. #, Etc. City INDIAN ROCKS BCH State FL Zip Code 33785	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: Paula E. [Signature] Date: 10-28-99

REGISTERED AGENT MUST SIGN

11. 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: Paula E. [Signature] Date: 10-28-99 Daytime Phone #: 610-664-0748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREATING (0/0/0)