PLEASE READ ALL INSTRUCTIONS BEF[illegible]MPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC -6 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000024307

1. Corporation Name
EXECUTIVE RESORT APARTMENTS, INC.

711 St. Anthony Avenue
Post Office Drawer 7540
~~W01 42723~~

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
711 St. Anthony Avenue		Post Office Drawer 7540	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Effingham, Illinois		City & State: Maitland, Florida	
Zip: 62401	Country: USA	Zip: 32794	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: March 11, 1999

5. FEI Number: 58-2448838 — ☐ 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: Philip Tatich

Street Address (P.O. Box Number is Not Acceptable): 341 N. Maitland Avenue

Suite, Apt. #, Etc.: Suite 340

City: Maitland | State: FL | Zip Code: 32751

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: Philip Tatich — REGISTERED AGENT MUST SIGN — Date 10/22/04

CR2E081 (01/04)

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
PD	Agarwal, Surendra P.	711 St. Anthony Avenue	Effingham, Illinois 62401
S	Agarwal, Kanak L.	711 St. Anthony Avenue	Effingham, Illinois 62401
T	Agarwal, Ravi	711 St. Anthony Avenue	Effingham, Illinois 62401

000042695440
11/12/04--01066--002 **758.75
000042695440
12/06/04--01057--019 **150.00

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: Surendra Agarwal — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-04 — Date

(217) 342-3800 — Daytime Phone #