PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2007 MAY 11 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # A99000069830

1. Corporation Name
Retirement Resorts International, Inc

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
964 182ND Ave

Suite, Apt. #, etc.

City & State
REDINGTON SHORES FL

Zip 33708   Country USA

3. Mailing Office Address
711 Pinellas Street

Suite, Apt. #, etc.

City & State
Clearwater FL

Zip 33456   Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3600703

☐ 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
Thomas C Jennings III

Street Address (P.O. Box Number is Not Acceptable)
711 Pinellas Street

Suite, Apt. #, Etc.

City Clearwater   State FL   Zip Code 33756

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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   Thomas Jennings   Date 5-10-07

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
PST	Martin R. Drillich	964 182ND Ave	REDINGTON Shores FL 33708
		30010858742S 05/31/07--01006--025 **300.00	

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 contained in Chapter 119, 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: _____   Date 5/11/07   Daytime Phone # 44-4550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR