


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION REINSTATEMENT



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

01-02 UBA

FILED

02 JAN -7 PM 2:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 99000102224

1. Corporation Name
 ANGEL'S COVE MOTEL INC

2. Principal Office Address HWY 41 SOUTH Suite, Apt. #, etc. RTE 6 BOX 1533 City & State LAKE CITY FL Zip 32025		3. Mailing Office Address 35525 GEORGETOWN DR Suite, Apt. #, etc. City & State STERLING Hgts, MICH Zip 48312 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 11-23-1999

5. FEI Number 59-3609352

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DOROTHY L. PEYROLO
 Street Address (P.O. Box Number is Not Acceptable): HWY 41 SOUTH
 Suite, Apt. #, Etc.:
 City: LAKE CITY
 State: FL
 Zip Code: 32025

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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: Dorothy L. Peyrolo Sec. Inc. Date: 1-3-02
 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
P	DOROTHY L PEYROLO	35525 GEORGETOWN DR	STERLING Hgts MI 48312
S	DOROTHY L PEYROLO	SAME	SAME
T	DOROTHY L PEYROLO	"	"

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: Dorothy L. Peyrolo DOROTHY L. PEYROLO 1-3-02 586-268-8304
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WORK-386-977-9971

CR2E01 (9/01)

2012

Jan 3, 2002

To Whom it May Concern,

I'm sorry but I did not receive the necessary forms to fill out for 2001. Please accept my check for the fees needed for the year 2001 + also 2002.

Thank you
Dorothy S Reynolds Pres
Angel's Cove Motel Inc.
document # P99000102224