PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 30 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # V08871

1. Corporation Name
BRADENTON RESORT PROPERTIES, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
3199 Dougall Ave	3199 Dougall Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windsor, Ontario	City & State: Windsor, Ontario
Zip: N9E 1S5 Country: Canada	Zip: N9E 1S5 Country: Canada

4. Date Incorporated or Qualified To Do Business in Florida: 01/24/1992

5. FEI Number: 521766184 ☐ 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: Dan Simone

Street Address (P.O. Box Number is Not Acceptable): 2303 First Street East

Suite, Apt. #, Etc.

City: Bradenton State: FL Zip Code: 34208

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: _____ Date: January 28, 2003

REGISTERED AGENT MUST SIGN

CR2E061 (10/92)

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
	Alphonso Fanelli	3199 Dougall Av	Windsor, Ontario N9E 1S5
Sole Director, President, VP, Sec'y, Treasurer			

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: ALPHONSO FANELLI Alphonso Fanelli January 28, 2003 (941) 704-4192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #