pg 1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | PORATION STATEMENT | | DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS | E | F11 =1 05 APR 20 PM | 2: 23 | |
|---|--------------------------------------|--------------------------------|---|--------------|---|--|--|
| DOCUMENT # VID 615 | | | | | SEUL TALLAHASSEE, FLORIDA | | |
| ILE Key Club INC. | | | | QENYS | RTATIBAAISMI | TNU-AS | |
| 2. Principal 6 E Suite, Apt. #, | Office Address 3 FORT Meyers I etc. | PO- | 3. Mailing Office Address Po Box 7806 Suite, Apt. #, etc. | | 4. Date Incorporated or Qualified To Do Business in Florida | | |
| City & State Indian Zip 338 | LAKE ESTS F Country FOIK | City & State Indian Zip 3385 | Lake Ests F1 Country Polk | -5. FEI Numb | 3106070 5.06 STATUS DESIDED \$8.75 | Applied For Not Applicable Additional Fee required a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | | | | | |
| Rackett Rack | | | | | | | |
| 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 3/28/05 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 | Tom Gilchrist | | 22 Banyan | | Indian Lake | 33855 | |
| VP/D | GARY Ivers _ | | 10 Alamanda | | Indian LAKE | 33855 . Ests | |
| TID | Roger BRACKETT | | 110 Alamanda | | Indian LAKE | 33855 ESTS | |
| SID | JOE FRANKLIN | | 45A ORLANDO DE | | INDIAN LAK | 33855 E Ests | |
| | | | | | | • | |
| | | | | | | | |
| 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 filling 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: Signature Signature | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | |

PG 20 FZ

I.L.E. Key Club Inc. P.O. Box 7806 Indian Lake Estates, Fl. 33855

Department of State Division of Corproations P.O. Box 6327 Tallahassee,Fl. 32314

Re: Dissolving of Corporation FEI#59-3106070 on 10/1/04

I went to a lawyer reguarding another matter for the ILE Key Club, of which I was elected President in Jan. 2005.

On checking on the Corporations status it was discovered the Corporation was dissolved on 10/1/04.

Our Resident Agent in 2003-04, Mr. Bill Hodge, passed away unexpectly in early 2004 and failed to file the 2004 Annual Report our building which we operated from was also destroyed in the hurricanes, along with all our records.

The Corporation never received notification of disolving the Corporation or our 2005 application for the Annual Report.

Enclosed is check for \$150.00 for 2004.

If you could send me a blank 2005 Annual Report, I would appreciate it. Also any copies of when and why the Corporation was dissolved.

Please advise me of any other fees involved.

Sincerly,

Tom Gilchrist,

President ILE Key Club

you Kilek

Send all information to:

ILE Key Club P.O.Box 7806

Indian Lake Estates, Fl. 33855