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RYDGES LAKELAND RESORT


NO. 212 P. 2/2

003/003

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2006 NOV 21 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION<br>REINSTATEMENT   |                                 |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                                   |
|--|---------------------------------|---|-----------------------------------|
| DOCUMENT # P95000083265  |                                 |   |                                   |
| 1. Corporation Name<br><b>GAMI PROPERTIES FLORIDA, INC.</b>  |                                 |   |                                   |
| 2. Principal Office Address<br><b>c/o Litman Gerson LLP</b>  |                                 | 3. Mailing Office Address   |                                   |
| 500 W. Cummings Pk., #4900   |                                 | Suits, Apt. 4, etc  |                                   |
| City & State<br><b>Woburn, MA</b>  |                                 | City & State  |                                   |
| Zip<br><b>01801</b>  | Country<br><b>US</b>            | Zip   | Country                           |
|  |                                 | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>10/31/95</b>  |                                   |
|  |                                 | 5. EIN Number<br><b>04-3296356</b>  | 6. Received For<br>Not Applicable |
|  |                                 | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |                                   |
| 7. Name and Address of Current Registered Agent  |                                 |   |                                   |
| Name<br><b>Jane C. Rankin, Esq. c/o Kubicki Draper</b>   |                                 |   |                                   |
| Address<br><b>One East Broward Boulevard</b>   |                                 |   |                                   |
| Suite #<br><b>Suite T600</b>   |                                 |   |                                   |
| City & State<br><b>Fort Lauderdale</b>   |                                 | Zip<br><b>FL 33301</b>  | Country                           |
| 8. I hereby appointed the registered agent of the above named corporation and accept the obligations of section 607.0026 or 617.0026, F.S.   |                                 |   |                                   |
| Signature of Registered Agent<br><i>[Signature]</i>  |                                 | Date<br><b>Nov 21 2006</b>  |                                   |
| REGISTERED AGENT MUST SIGN   |                                 |   |                                   |
| 9. Names and Street Addresses of Each Officer or Director (Florida nonprofit corporations must list at least 3 directors)  |                                 |   |                                   |
| Title  | Name of Officer and/or Director | Street Address of Each Officer and/or Director  | City / State / Zip                |
| P  | Dinesh Patel                    | c/o Litman Gerson LLP 500 W Cummings Pk., #4900   | Woburn, MA 01801                  |
|  |                                 |   |                                   |
|  |                                 |   |                                   |
|  |                                 |   |                                   |
| 10. I certify that I am an officer or director of the recipient or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. (I amher certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate books satisfy the requirements of section 607.0401 or 617.0401, F.S., and all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an examination contained in Chapter 119, F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. |                                 |   |                                   |
| SIGNATURE: <i>[Signature]</i>  |                                 | Date<br><b>Nov 21 2006</b>  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR<br><b>Dinesh Patel</b>   |                                 | Date<br><b>6:17-7:18 3:55</b>   |                                   |

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Florida Department of State  
Division of Corporations  
Public Access System

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Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

*Kimberly B. Moore V.2949*

**CORPORATION REINSTATEMENT**

**GAMI PROPERTIES FLORIDA, INC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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