

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 12 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1993204

1. Corporation Name

Brush Creek Properties, Inc.

2. Principal Office Address - No P.O. Box #

1211 Fontana Road

Suite, Apt. #, etc.

City & State

Bryson City, North Carolina

Zip

28713

Country

USA

3. Mailing Office Address

P.O. Box 1159

Suite, Apt. #, etc.

City & State

Bryson City, North Carolina

Zip

28713

Country

USA

REINSTATEMENT (09) 07-10

4. Date Incorporated or Qualified
To Do Business in Florida 01/23/1957

5. FEI Number
59-6058139

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

Anne E. Williams

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

1901 Brinson Road

Suite, Apt. #, Etc.

B-11

City

Lutz

State

FL

Zip Code

33558

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

Anne E. Williams

Date April 8, 2010

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	Anne E. Williams	P.O. Box 1159, 1211 Fontana Road	Bryson City, NC 28713
S	Jeanette Parris	P.O. Box 183; 358 Incline Drive	Sylva, NC 28779

2010175449312
04/12/10-01064-002-11608.75

10. E-mail Address: jp@wolfnobinc.com

(To be used for future annual report notification)

11. 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. I further certify, 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: *Jeanette Parris* Jeanette Parris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2010 828-488-4759

Date Daytime Phone #