

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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DOCUMENT # **709465**

1. Corporation Name

**BOCA RIO GOLF CLUB, INC.**

Principal Place of Business

Mailing Address

22041 BOCA RIO ROAD  
 BOCA RATON FL 33433

22041 BOCA RIO ROAD  
 BOCA RATON FL 33433



**REINSTATEMENT 01**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/18/1965	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1101673	
Country		Country		Applied For	
				Not Applicable	
				<input type="checkbox"/> CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee Required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
<del>VP</del> VPD	<del>GELB, IRA</del> TAUB, MELVIN	<del>18489 LONG LAKE DR</del> 120 SE 5 <sup>th</sup> AVE	BOCA RATON FL
AS	NELSON, M E	12155 NW 30TH ST	CORAL SPRINGS, FL 00000
<del>VP</del> TD	<del>KOEPPEL, ALFRED J</del> BUBES, DAVID	<del>904 E CAMINO REAL</del> 4550 N PARK AVE	BOCA RATON FL
<del>VP</del> PD	ADLER, ROBERT P	2385 N.W. 46TH ST..	BOCA RATON FL
<del>VP</del> SD	BERMAN, PHILIP	1400 S OCEAN BLVD	BOCA RATON FL 33432

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DEUTCH, JEFFREY A. % BROAD AND CASSEL 7777 GLADES ROAD, STE. 300 BOCA RATON FL 33434		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. <b>708884717277-3</b> City <b>***236.25 FL ***236.25</b>	
		-12/10/01--01102--020 State Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Jeffrey A. Deutch* Date: 10-29-01

REGISTERED AGENT MUST SIGN

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 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: *David C. Baker* Date: 10/23/01 Daytime Phone #: 561-482-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR