

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

02/15/02

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 16 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001944

1. Corporation Name
CHIP SHOP GOLF COURSE CORPORATION

2. Principal Office Address
2370 Tamiami Trail

3. Mailing Office Address
2370 Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

Zip Country
33952 Charlotte

Zip Country
33952 Charlotte

4. Date Incorporated or Qualified To Do Business in Florida
October 1990

5. FEI Number
42-1357143

Applied For -
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

100009518211
12/16/02--01031--016 **150.00

7. Name and Address of Current Registered Agent

Name
Carol Flowers

Street Address (P.O. Box Number is Not Acceptable)
2370 Tamiami Trail

Suite, Apt. #, Etc.

City
Port Charlotte

State Zip Code
FL 33952

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
Carol Flowers
REGISTERED AGENT MUST SIGN

Date
Dec 12, 02

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
Pres	Gene Flowers	2370 Tamiami	Port Charlotte, FL 33952
VP	CAROL Flowers	2370 Tamiami	Port Charlotte, FL 33952

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: *Carol Flowers* CAROL Flowers 12-12-02 (941) 627-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20081 (8/01)