

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # **N38012**

1. Corporation Name

SEMINOLE GOLF CLUB, INC.

Principal Place of Business

Mailing Address

901 SEMINOLE BLVD.
JUNO BEACH FL 33408
US

901 SEMINOLE BLVD.
JUNO BEACH FL 33408
US

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

05/10/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0441130

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
DT	BLACK, WILLIAM H.	117 GOMEZ ROAD	HOBE SOUND FL
DVP	KIRKLAND, DAVID	390 N. LAKE WAY	PALM BEACH FL
D&S	ROGERS, DOYLE	321 ROYAL POINCIANA PLZ	PALM BEACH FL
DP	VAN GERBOG, BAREND VAN Gerbig, Barend	1129 MARINE E, BLDG G, APT 2L	NORTH PALM BEACH FL 33408
			200003458032--2 -11/09/00--01016--022 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROGERS, DOYLE
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Doyle Rogers
REGISTERED AGENT MUST SIGN

Date

10/17/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

Barend van Gerbig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/00 561-626-1331

Daytime Phone #

KE

CR2E040 (8/00)