PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 17 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005513

1. Corporation Name

DARTMOUTH CLUB OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
821 5TH AVE S SUITE 201 NAPLES FL 33940	821 5TH AVE S SUITE 201 NAPLES FL 33940

REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/10/1995

5. FEI Number: 65-0659596 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	BATCHELDER, JOSEPH	1680 CRAYTON ROAD	NAPLES FL ~~33940~~ 34102-5126
D/V	~~LYON, EDWIN L.~~ Allbee, Stephen R.	~~667 BENTWOOD DR.~~ 5315 Fox Hollow Drive	~~NAPLES FL 33963~~ Naples, FL 34104
DST	WILSON, ROBERT L	201 MEADOWLARK COURT	MARCO ISLAND FL 34145-3819
		900003058569---0	-12/02/99--01037--020
			****236.25 ****236.25
			LS

8. Name and Address of Current Registered Agent

KEHOE, JOHN D
821 5TH AVE S SUITE 201
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 900003058569---0

Suite, Apt. #, Etc. -12/02/99--01037--021
******8.75 ******8.75

City | State FL | Zip Code

CR2E040 (8/99)

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: John D Kehoe REQUIRED — Date: Nov. 12, 1999

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: Robert Wilson ROBERT L. WILSON — 5NOV99 — 941-394-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007B064 AP