PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLEASE READ PLICATION FOR ISTATEMENT	FLORID		NT OF STATE rtham State	Ī	V- the	* * 4 * 5 * *	
DOCUMENT # P95000088657 1. Corporation Name SEBRING LAKESIDE GOLF RESORT, INC.					99 JUN 14 PN 4: 10 SECRETARY OF STATE TALLAHAS SEL, FLORIDA			
								CLORI
•			Mailing Address			2 (012) 2001 2001 2011 201	ii danar harar harra arrak arrik hask hask	
SEBRING I		603 LAKE SEBRING DRIVE SEBRING FL 33870			135135			
If above :	addresses are incorrect in any way, line th	uformation and enter	correction below	reins	TATEM	NOTAG		
	rincipal Office Address, If Applicable	3 New Making Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.		Suite, Apt. #, etc			5. FÉI Number Applied Fo		11/17/1995 Applied For	
City & State		City & State					Not Applicable \$8.75 Additional Fee required	
Zip	Country	Zip	Count			OF STATUS DESIRED	for a Certificate of Status	
	and Street Addresses of Each Officer and Name of Officers and/or Directors	or Director (Flo	Str	eet Address of Each			City / State / Zip	
Title(s)	VSTD BAKER, MARK L		Officer and/or Director 3 (Do NOT Use Post Office Hox N 1550 S.W. 67TH COURT		imbers)	4		
VSID					MIAMI FL			
PD	BAKER, MARIA C		1550 S.W. 67TH COURT			MIAMI FL		
		<u> </u>			-06/17/	908235		
1							LS	
<u> </u>	8. Name and Address of Current	Registered Age	nt	I	9. Name and A	Address of New Regi		
BAKER, MARK L Street Address (P								
803 L	AKE SEBRING DRIVE		Street Address (P.Ö. Box Num Suite, Apt. #, Etc.			Der is Not Acceptable)		
SEBRI	ING FL 33870		City		State Zip Code			
10. I, being appointed the redistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							FL	
Signature o Registered	of Mark 7.	150	KENT MUST SIGN			Date, 6/	11/99	
	nis corporation owes or hi tangible Personal Propert			ar Yes 🗌	No 🗵		ether side for information on intangible tax)	
this rein	that I am an officer or director or the receinstatement application, the reason for disso y the corporation have been paid and the rapplication is true and accurate, and my significant	lution has been names of individu	eliminated, the corporate also listed on this for	prate name satisfies t m do not qualify for a	he requirements in exemption und	of section 607.0401 o	r 617.0401, F.S., that all fees	
SIGNA	TURE: Mark	L. NYEO NAME OF S	SIGNING OFFICER OR	DIRECTOR	4	11/99	941/385-7113	