

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT

AD

DOCUMENT # P96000045632
1. Corporation Name
RDC GOLF OF FLORIDA, I, INC.

Principal Office Address
1200 Bridgewater Drive
Suite, Apt. #, etc.
City & State
Heathrow, FL 32746
Zip
32746 Country
US

3. Mailing Office Address
99 Cherry Hill Road
Suite, Apt. #, etc.
Suite 305
City & State
Parsippany, NJ
Zip
07054 Country
US

4. Date Incorporated or Qualified To Do Business in Florida 05/29/1996
5. FEJ Number 59-3381211 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
N. Dwayne Gray, Jr.
Street Address (P.O. Box Number is Not Acceptable)
Greenspoon, Marder, et al.
Suite, Apt. #, Etc.
135 West Central Boulevard, #1100
City
Orlando
State
FL Zip Code
32801

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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
N. Dwayne Gray, Jr.
N. DWAYNE GRAY, JR. REGISTERED AGENT MUST SIGN
Date
6-19-2000

CR2E081 (9/99)

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 |
|--------|-----------------------------------|--|----------------------|
| P/T/D | Christopher Schiavone | 99 Cherry Hill Road, Suite 305 | Parsippany, NJ 07054 |
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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: *Christopher R. Schiavone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher R. Schiavone
Date
June 15, 2000
Daytime Phone #
407/333-1450