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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
99 FEB 23 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000077308

1. Corporation Name
SABAL GOLF OF WEST FLORIDA (WXP)

Mailing Address

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
255 EAST FLAGLER ST	211 EAST FLAGLER ST
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State MIAMI FL	City & State MIAMI FL
Zip: 33131 County MIAMI DADE	Zip: 33131 County MIAMI DADE

REINSTATEMENT 97-99

4. Date Incorporated or Qualified in the State in Florida

5. FEI Number — Applied For ☒ / Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	JEBAI, PEDRO KARIM	3347 SABAL SPRINGS BLVD	N. FORT MYERS, FL 33917
VP/D	CLARAMONTE, FATIMA	211 EAST FLAGLER ST #300	MIAMI, FL 33131
S/D	LOPEZ, MARIA HELENA	211 EAST FLAGLER ST #300	MIAMI, FL 33131

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8. Name and Street Address of Current Registered Agent

JUAN PLOUTIN
1221 BRICKELL AVE.
MIAMI, FL 33131

9. Name and Address of New Registered Agent

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

10. I hereby Appointment the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent — REGISTERED AGENT MUST SIGN — Date 2/19/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See query data for information on intangible tax.)

12. I certify that I am an officer or director of the corporation 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 statute for dissolution has been eliminated, the corporate name complies 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 the officers listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Pedro Karim Jebai, President 2/19/99
Date

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