

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  
TALLAHASSEE, FLORIDA

01 OCT 23 PH 2:48

**DOCUMENT #** 537302

**1. Corporation Name**

The Dunes Golf and Country Club, Inc.

**2. Principal Office Address**

1010 Wisconsin Ave. NW

Suite, Apt. #, etc.

City & State

Washington, DC

Zip

20007

Country

USA

**3. Mailing Office Address**

1010 Wisconsin Ave., NW

Suite, Apt. #, etc.

City & State

Washington, DC

Zip

20007

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/15/77

**5. FEI Number**

591751352

SP 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

Brian Garavuso

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

12800 University Drive, #350

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33907

**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

*[Signature]*

Date 9/25/01

REGISTERED AGENT MUST SIGN

**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
VSD	Richard E. Krichbaum	12800 University Drive, #350	Ft. Myers, FL 33907
T/D	Brian Garavuso	12800 University Drive, #350	Ft. Myers, FL 33907
C/D	Robert Taylor	12800 University Drive, #350	Ft. Myers, FL 33907
P/D	Scott Siler	12800 University Drive, #350	Ft. Myers, FL 33907

**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:**

*[Signature]*  
Brian Garavuso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/01

Daytime Phone #

CR2E081 (9/00)