

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708756

1. Corporation Name

PEACE RIVER COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

150 NORTH IDLEWOOD AVENUE
P. O. BOX 1073
BARTOW FL 33830-9073

150 NORTH IDLEWOOD AVENUE
P. O. BOX 1073
BARTOW FL 33830-8073

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

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1965

5. FEI Number

59-1171124

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
DT	SHIRLEY, BOB	801 S. HOUSTON	FT. MEADE FL 33841
DP	YOUNG, SCOTT ZOELLNER, REBA	5669 SWEETLEAF CT 1838 Shorecrest Ct.	ALTURAS FL 33820 Lakeview, FL 33813
DVP	MURPHY, FREDERICK JOHN PURCELL, MICHELE	PO-DRAWER 88 N/A 2100 Northwood Dr.	BARTOW FL 33831 Bartow, FL 33830
DS	PIERCE, MICHELLE QUINN, KENNY	2100 NORTHWOOD DR. 1640 N. Broadway Ave.	BARTOW FL 33830 Bartow, FL 33830

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FROST, JOHN
395 SOUTH CENTRAL AVE
BARTOW FL 33830

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]

NOTARY REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/20/95

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-98 9415331011

CR2E040 (9/88)