2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# 727233

Entity Name: HI GREENS OF INVERRARY, INC.

Current Principal Place of Business:

5800 NW 44TH STREET
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

5800 NW 44TH STREET
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 59-1554992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GATSOS, ELAINE M ESQ
1499 W PALMETTO PARK RD #210
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELAINE M. GATSOS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CAMERO, TOM
Address: 5900 NW 44TH ST
City-St-Zip: LAUDERHILL, FL 33319

Title: SD ( ) Delete
Name: CORSI, MARCIA
Address: 5860 NW 44TH STREET
City-St-Zip: LAUDERHILL, FL 33319

Title: VP ( ) Delete
Name: PICCIOTTI, PATRICIA
Address: 5860 NW 44TH ST #109
City-St-Zip: LAUDERHILL, FL 33319

Title: VPT ( ) Delete
Name: KING, MARY
Address: 5860 NW 44TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: D (X) Delete
Name: GARCIA, ALFREDO
Address: 5860 NW 44TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: D ( ) Delete
Name: MONNITY, NEVILLE
Address: 5860 NW 44TH ST #202
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KING, MARY A
Address: 5900 NW 44TH ST
City-St-Zip: LAUDERHILL, FL 33319

Title: STD (X) Change ( ) Addition
Name: CORSI, MARSHA
Address: 5860 NW 44TH STREET
City-St-Zip: LAUDERHILL, FL 33319

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GARCIA, ALFREDO
Address: 5860 NW 44TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY A. KING P 10/13/2009
Electronic Signature of Signing Officer or Director — Date