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 MAY 15 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728881

1. Corporation Name
Country Club Pointe Property Owners Association, INC.

Principal Place of Business	Mailing Address
3009 Golfview Dr Vero Beach, FL 32960 US	3009 Golfview Dr Vero Beach, FL 32960 US

REINSTATEMENT 97-98

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

4. Date Incorporated or Qualified To Do Business in Florida 02/20/1974 59-2241914

5. FEI Number 59-2241914 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

400002530944--01
-05/21/98--01005--011
***297.50 ***297.50

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
P/D	Jim Silvestri	3002 Golfview Drive	Vero Beach, FL, 32960
V	Susan Helman	3000 Par Drive	Vero Beach, FL 32960
S	Brian Connelly	3004 Golfview Drive	Vero Beach, FL 32960
T	Sophie Rhodes	3009 Golfview Drive	Vero Beach, FL 32960
D	Paul Kraggs	3009 Nassau Drive	Vero Beach, FL 32960
D	Bonnie Degan	3015 Nassau Drive	Vero Beach, FL 32960

8. Name and Address of Current Registered Agent

Arlene Friedman
3008 Nassau Drive
Vero Beach, FL 32960

9. Name and Address of New Registered Agent

Name: Sophie Rhodes
Street Address (P.O. Box Number is Not Acceptable): 3009 Golfview Drive
Suite, Apt. #, Etc.:
City: Vero Beach State: FL Zip Code: 32960

CR2E040 (1-98)

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: Sophie Rhodes — REGISTERED AGENT MUST SIGN — Date: 5/13/98

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.

A. Allen 5/15/98

SIGNATURE: Sophie Rhodes — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sophie Rhodes

5-13-98 Date

561-562-0624 Daytime Phone #