PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 12 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900059609369
10/13/05--01027--007 **80.00

DOCUMENT # 738612

1. Corporation Name
Deerhaven Campground, Incorporated

REINSTATEMENT 98-05-

2. Principal Office Address	3. Mailing Office Address
47924 NFS 540-2	P.O. Box 196262
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Paisley, FL	City & State: Winter Springs, FL
Zip: 32767 Country: USA	Zip: 32719-6262 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Apr 8, 1977

5. FEI Number: 592745808 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: David M. Heinze

900059609369
09/14/05--01020--002 **603.75

Street Address (P.O. Box Number is Not Acceptable): 726 Galloway Drive

Suite, Apt. #, Etc.:

City: Winter Springs State: FL Zip Code: 32708

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: David M. Heinze Date: 9-2-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
P	Dale Lick	348 Remington Run Loop	Tallahassee, FL 32312-1402
V	Sheri Butler	9490 SE 130th Place Rd.	Summerfield, FL 34491
C	David Heinze	726 Galloway Dr.	Winter Springs, FL 32708
T	Judi Rinehart	404 Obo Dr.	Davenport, FL 33896-8336
D	Tom Hertz	359 Sultana Ln.	Maitland, FL 32751
D	Dennis Miller	148 SteepleChase Circle	Sanford, FL 32771-9539

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: David M. Heinze 9-2-05 4076959166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #