D Alma Jean House Post Office Box 108 Everglades City, FL 34139 VP,D Billy Potter Post Office Box 69 Chokoloskee, FL 34138-0069 S,T,D Crystal Potter Post Office Box 69 Chokoloskee, FL 34138-0069 D Anthony Brock 17810 Turkey Trail Ochopee, FL 34141-2042 D Janis Brock 17810 Turkey Trail Ochopee, FL 34141-2042 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 oved by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: Machine Post Office Box 69 Chokoloskee, FL 34138-0069 Chopee, FL 34141-2042	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.													
Everglades City Club Restaurant & Marina, Inc. 2. Principal Office Address 200 Collier Blvd. 3. Maling Office Address 200 Collier Blvd. 4. Date incorporated or Jualited To Do Business in Product To Do Bu	REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS								o takin ini	Č γ−	UT JAN IA	ייט (
3. Mailing Office Address 200 Collier Blvd. 2. Principal Office Address 200 Collier Blvd. 3. Mailing Office Address P.O. Box 108 Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Date incorporated of Qualified To Do Bushess in Florida Everglades City, FL 34 139 CP, Suite Everglades City, FL 34 139 CP, Suite Everglades City, FL 34 139 CP, Suite Everglades City, FL 5. FEI Number 6. CERRIFICATE OF STATUS DESIRED 333 55 7 7 1 Name and Address of Current Registered Agent Cerrification of Status Desired Suite, Apt. #, Etc. Naples 8. I. being appointed the registered agent of the above named corporation, and familier with and accept the obligations of section 697 0505 or 617 0503, F.S. Signature of Status Desired Addresses of Each Officer and or Desired Officer Address of Each Officer and or Officer and or Desired Officer and Of	DOCUMENT # 741575 REINSTATEMENT &)	LLAHASSE	E. FLORI	TF. BA	
200 Collier Blvd. Suite, Apt. #, etc. City & State Everglades City, FL Signature of Comment of Display Comment of the above named corporation, am familiar with and accept the obligations of section 67,050 or 617,0503, F.S. Signature of Signature o	Everglades City Club Restaurant & Marina, Inc.									500086462705 01/29/0701061012 **1041.25				
A. Dele Incorporated or Qualified To Do Business in Florida To Do Business in Florida Per Post Office Box 108	2. Principal Office Address 200 Collier Blvd. 3. Mailing O. P.O. E						fice Address BOX 108			CR2E081 (12/05)				
Everglades City, FL Zey 34139 Curron State County State	Suite, Apt. #, etc. Suite, Apt. #					·								
7. Name and Address of Current Registered Agent Samo Gree P. Langford 33557 Taminamin Fall North Suite, Apt. #, Etc. Naples 8. I. baing 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 Signature of Registered Agent 9. Names and Street Addresses of Each Officer and/or Director Fittles Officers and/or Directors P.D. Douglas House Post Office Box 108 Everglades City, FL 34139 VP,D Billy Potter Post Office Box 69 Chokoloskee, FL 34138-0069 S,T,D Crystal Potter Post Office Box 69 Chokoloskee, FL 34138-0069 D Anthony Brock 17810 Turkey Trail Ochopee, FL 34141-2042 10. Lordfy that I am an officer of director of the recover or trustee empowered to execute this application as provided for in chapter 607 of 617, 63. I further certify that when fling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, FS. The information of this application is true and accurate, and my signature shall have the same legal effect as if made under cash. SIGNATURE: Auxiliar Taxas Auxiliar T					Everglades City, FL			L						
Same or post of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617,603, F.s. Signature of Signature of Signature of Signature of Registered Agent Signature of Registered Agent Russ Signature Signa	^{zi} 34139	4139 Ü.S.			^{zip} 34139		Ü.S.							
Signature of Signature of Signature of Signature of Signature of Signature of 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 Officer and/or Directors Officer and/or Director Officer Box 108 Everglades City, FL 34138 D Alma Jean House Post Office Box 108 Everglades City, FL 34138-0069 VP,D Billy Potter Post Office Box 69 Chokoloskee, FL 34138-0069 S,T,D Crystal Potter Post Office Box 69 Chokoloskee, FL 34138-0069 D Anthony Brock 17810 Turkey Trail Ochopee, FL 34141-2042 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 contained in Chapter 119, 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.	8	Since Address (P.O. Box Number is Not Acceptable) 3357 Tamiami Trail North Suite, Apt. #, Etc.												
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P,D Douglas House Post Office Box 108 Everglades City, FL 34139 D Alma Jean House Post Office Box 108 Everglades City, FL 34139 VP,D Billy Potter Post Office Box 69 Chokoloskee, FL 34138-0069 S,T,D Crystal Potter Post Office Box 69 Chokoloskee, FL 34138-0069 D Anthony Brock 17810 Turkey Trail Ochopee, FL 34141-2042 D Janis Brock 17810 Turkey Trail Ochopee, FL 34141-2042 10.1 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 contained in Chapter 119, 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: Machine Title Advance Advance City State Address of Each Officer and/or Director Title City State / Zip	Signature of agent on RA change Fited													
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #														

SP/15