


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -6 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 747860

1. Corporation Name

GOLF RESORT VILLAS MANAGEMENT INC.

2. Principal Office Address

4044 GOLFSIDE DR

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

FL 32808

Country

USA

3. Mailing Office Address

4044 GOLFSIDE DR

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32808

Country

USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

39-0993859

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SANDRA J LEVY

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

4044 GOLFSIDE DR

Suite, Apt. #, Etc.

City

ORLANDO

State  
FL

Zip Code

32808

500031853245

04/06/04 01000 000 \*\*428 75

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

*Sandra J Levy*

REGISTERED AGENT MUST SIGN

Date 3-31-04

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
PD	DIANAH HENDERSON	4040 GOLFSIDE DR	ORLANDO 32808
TD	SANDRA LEVY	4044 GOLFSIDE DR	ORLANDO 32808
SD	LINDA FLEMING	4009 GOLFSIDE DR	ORLANDO 32808
D	RICHARD HEATH	4034 GOLFSIDE DR	ORLANDO 32808
D	LEE MINICUS	4012 GOLFSIDE DR	ORLANDO 32808

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:

*Sandra J Levy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04

Date

407-303-1130

Daytime Phone #

CR2ED01 (01/04)