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 NOV 19 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760919

1. Corporation Name

BRIAR CREEK SOCIAL CLUB COMMUNITY NO. 2, INC.

Principal Place of Business	Mailing Address
175 CLUBVIEW DR SAFETY HARBOR FL 34695 US	175 CLUBVIEW DR SAFETY HARBOR FL 34695 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

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: 12/04/1981

5. FEI Number: 59-2121723 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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-12/03/98--01067--007
****236.25 ****236.25

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
~~PD~~ DD	~~FRUECHTMEYER, CARL~~ EDITH JONES	~~141 FOREST LANE~~ 197 CLUBVIEW DR	SAFETY HARBOR FL 34695
~~VD~~ PD	GROENING, ROBERT	100 NATURES TRAIL	SAFETY HARBOR FL 34695
~~VD~~ VD	~~STORZ, LEW~~ DOROTHY MCGLASSON	~~176 CLUBVIEW DR.~~ 84 RED FOX RUN	SAFETY HARBOR FL 34695
~~SD~~ TD	HOCH, MAE RUTH	84 HICKORY BRANCH LANE	SAFETY HARBOR FL 34695
SD	SMITLEY, CAROL	144 BRIAR CREEK BLVD.	SAFETY HARBOR FL 34695
~~TD~~ SD	~~DELAIR, TRUMAN~~ MARY ALICE BECK	~~152 PINEWOOD TERRACE~~ 91 LAURELWOOD DR	SAFETY HARBOR FL 34695

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~MCELARY, DON~~ ~~159 CLUB VIEW DRIVE~~ ~~SAFETY HARBOR FL 34698~~	Name: Leonard A. Storz Street Address (P.O. Box Number is Not Acceptable): 176 Clubview Dr. Suite, Apt. #, Etc. City: Safety Harbor State: FL Zip Code: 34695

CR2E040 (9/98)

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: Leonard A. Storz SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: Nov. 16, 1998

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.

SIGNATURE: Robert C. Groening SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
11/16/98 — Date
Daytime Phone #: 727 797 4476

ROBERT GROENING, PRES.