PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

08 MAR 11 AM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3.11.08

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03/11/08--01008--015 **800.00

DOCUMENT # F01000001941

1. Corporation Name

BRIARWOOD GOLF COURSE, INC.

REINSTATEMENT 03-08

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2737 WEST EDGERTON RD.	2737 WEST EDGERTON RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BROADVIEW HEIGHTS, OH	City & State: BROADVIEW HEIGHTS, OH
Zip: 44147 Country: US	Zip: 44147 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 94/10/2001

5. FEI Number: 340941971 ☐ 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: LAWRENCE LACONTE

Street Address (P.O. Box Number is Not Acceptable): 391 NORTH PINE MEADOWS DRIVE

Suite, Apt. #, Etc.:

City: DEBARY State: FL Zip Code: 32713

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Lawrence LaConte — REGISTERED AGENT MUST SIGN Date: 3/4/08

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
PCD	RICHARD W. LACONTE	2828 LONGWOOD DRIVE	PALM CITY, FL 34990
VD	ROSEMARY V. LACONTE	2828 LONGWOOD DRIVE	PALM CITY, FL 34990

10. I certify that I am an officer or director of 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: Attorney 3/4/08 216-781-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #