

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 12 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003509

1. Corporation Name

PRESTWICK GOLF DEVELOPMENT, INC.

2. Principal Office Address

12629 TRADITION DR.

Suite, Apt. #, etc.

City & State

DADE CITY, FL

Zip Country

33525

3. Mailing Office Address

12629 TRADITION DR.

Suite, Apt. #, etc.

City & State

DADE CITY, FL

Zip Country

33525

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/10/98

5. FEI Number

38-3371589

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

ROY A. GADDEY, JR.

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

12629 TRADITION DR.

Suite, Apt. #, Etc.

City

DADE CITY,

State
FL

Zip Code

33525

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

REGISTERED AGENT MUST SIGN

Date 4-9-01

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

PSID ROY A. GADDEY, JR.

12629 TRADITION DR.

DADE CITY, FL 33525

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***1050.00 ***1050.00

REINSTATEMENT 99-01

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-567-7000

352-588-7955

CR2E081 (9/00)