APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 13 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000699

1. Corporation Name

INTRAWEST GOLF MANAGEMENT, INC.

Principal Place of Business	Mailing Address
14646 N.KIERLAND BLVD.#210 SCOTTSDALE AZ 85254-2764	14646 N.KIERLAND BLVD.#210 SCOTTSDALE AZ 85254-2764

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

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: 02/05/1999

5. FEI Number: 84-1465248 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VD	STIPEC, JEFF J	14646 N.KIERLAND BLVD.#210	SCOTTSDALE AZ 85254
PD	RAYMOND, GARY L	200 BURRARD STREET, STE 800	VANCOUVER BC CANADA
V	CURRIE, JOHN E	200 BURRARD STREET, STE 800	VANCOUVER BC CANADA
VD	ONKEN, JAMES E	14646 N.KIERLAND BLVD #210	SCOTTSDALE AZ 85254
S	MEACHER, ROSS J	200 BURRARD STREET,STE 800	VANCOUVER BC CANADA
V	VERGURA, MICHAEL	14646 N.KIERLAND BLVD.#210	SCOTTSDALE AZ 85254

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 03

Suite, Apt #, Etc.

City | State: FL | Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent: Heidi M. Diesch
REGISTERED AGENT MUST SIGN

Date: 11/13/03

11. 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: David D. Kleinkopf, Asst. Secretary — 11/13/03 — 303-686-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1/99)

ADDITIONAL CURRENT OFFICER OF INTRAWEST GOLF MANAGEMENT, INC.

OFFICE	NAME	BUSINESS ADDRESS
Asst. Secy	David D. Kleinkopf	1050 17th Street, Suite 1500 Denver, Colorado 80265