

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 17 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G58235

1. Corporation Name

Club Operations and Property Management, Inc.

Principal Place of Business

Mailing Address

Kierland Executive Center
7025 E. Greenway Parkway Suite 800
Scottsdale, Arizona 85254

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

Sept. 6, 1983

5. FEI Number

SA - 2484146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SS 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	* T. Marney Edwards	7025 E. Greenway Pkwy. Suite 800	Scottsdale, AZ 85254
Treas.			
V. Pres.	Elliot Lewis	7025 E. Greenway Pkwy. Suite 800	Scottsdale, AZ 85254
Sec.			
	* The above is the sole director		

8. Name and Address of Current Registered Agent

David Crowell
S806-A Breckenridge Pkwy
Tampa, FL 33616

9. Name and Address of New Registered Agent

Name
CT Corporation Systems
Street Address (P.O. Box Number is Not Acceptable)
660 East Jefferson Street
Suite, Apt. #, Etc.
City
Tallahassee
State
FL
Zip Code
32301

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

Carmie Reyes

SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 3/17/99

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Marney Edwards 3/16/99

Date

Daytime Phone #

(602)
824-6000