PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

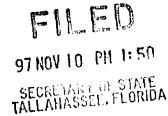
SIGNATURE:

H18739

**GOLF COURSE MEMBERSHIP MANAGEMENT, INC.** 

Principal Place of Business

Mailing Address



Daylime Phone #



11750 HOMESTEAD ROAD 11750 HOMESTEAD ROAD LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

On the principal Office Address, If Applicable

3. New Mailing Office Address

4. New Mailing 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 08/28/1984 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2434924 City & State City & State Not Applicable \$8.75 Additional Fee required Ζiρ Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zin FLINT, WILLIAM R PAS 155 HOMESTEAD ROAD LEHIGH ACRES FL FLINT, WILLIAN R ATD 155 HOMESTEAD ROAD LEHIGH ACRES FL VST FLINT, ALECIA 155 HOMESTEAD ROAD LEHIGH ACRES FL FLINT, ALECIA D 155 HOMESTEAD ROAD LEHIGH ACRES FL D MCDANIEL, GARY K SR 155 HOMESTEAD RD LEHIGH ACRES FL 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MCDANIEL, GARY SR. Street Address (P.O. Box Number is Not Acceptable) 20027 PETRUCKA CIRCLE 200002346582--4 -11/13/97--01078--010 **LEHIGH ACRES FL 33936** Suite, Apt. #, Etc. \*\*\*\*750.00 \*\*\*\*750.00 above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent Signature of Registered Agents REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. Yes l No 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.