PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 24 AM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J21009

1. Corporation Name

GOLF COURSE INVESTMENTS, INC.

Principal Place of Business
~~186 COMMODORE DR~~
~~JUPITER, FL 33477~~

Mailing Address

REINSTATEMENT 96CA

DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, If Applicable
8894 MARLAMOOR LANE
Suite, Apt. #, etc.
City & State
WEST PALM BEACH, FL
Zip 33412 Country US

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida
06/25/1986

5. FEI Number
59-2683991
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	B. RICHARD FILKINS	8894 MARLAMOOR LANE	WEST PALM BEACH, FL 33412
D	STEPHEN G. BARRY, SR.	5700 LAKE WORTH ROAD #305	LAKE WORTH, FL 33463
			800002040568--6
			-12/30/96--01011--028
			****383.75 ****383.75

8. Name and Address of Current Registered Agent

B. RICHARD FILKINS
~~186 COMMODORE DRIVE~~
~~JUPITER, FL 33477~~

9. Name and Address of New Registered Agent

Name
B. RICHARD FILKINS
Street Address (P.O. Box Number is Not Acceptable)
8894 MARLAMOOR LANE
Suite, Apt. #, Etc.
City WEST PALM BEACH State FL Zip Code 33412

CR2E030 (12/95)

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 B. Richard Filkins
REGISTERED AGENT MUST SIGN
Date 12/23/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: B. Richard Filkins Pres. 12/23/96 (561) 625-9041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #