

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 20 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K30689

1. Corporation Name

THE COUNTRY CLUB OF SEBRING, INC.

Principal Place of Business

4800 HAW BRANCH RD  
SEBRING FL 33872-1706

Mailing Address

4800 HAW BRANCH RD  
SEBRING FL 33872-1706

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/08/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2935842

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HARRIS, ROLAND A	4800 HAW BRANCH RD	SEBRING FL 33872
<del>PTS</del>	<del>HARRIS, R. GREGORY</del>	<del>4800 HAW BRANCH ROAD</del>	<del>SEBRING FL 33872</del>
PTS	HARRIS, R. GREG	4800 HAW BRANCH ROAD	SEBRING FL 33872

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ITS

400003082224--7  
-12/28/99--01070--007

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRIS, R GREGORY  
4800 HAW BRANCH RD  
SEBRING FL 33872

Name

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

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date 12/15/99

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/99 (863) 382-8538

Date

Daytime Phone #