

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 1:38

DOCUMENT # K65985

1. Corporation Name

DIAMONDBACK GOLF CLUB, INC.

Principal Place of Business

6501 SR 544E
HAINES CITY FL 33844
US

Mailing Address

6501 SR 544E
HAINES CITY FL 33844
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1989

5. FEI Number

59-2942732

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	4
PD	SCOTT, ROBERT	123 FAIRWAY DR	HAINES CITY FL
PD	SCOTT, ROBERT	107 ARROWHEAD LANE	HAINES CITY FL
STD	OSBORNE, W B	110 FAIRWAY DR	HAINES CITY FL
VD	DEHAVEN, ROBERT	23 HUNTLEY COURT	HAINES CITY FL
VD	UHL, BERNARD	117 FAIRWAY DRIVE	HAINES CITY FL
D	DAVID, JOHN	105 TUXFORD DR.	HAINES CITY FL
D	OLSON, ROBERT	41 HUNTLEY COURT	HAINES CITY FL
D	DUNIGAN, JOSEPH	214 FAIRWAY DR.	HAINES CITY FL
D	CORNS, HENRY	178 PINEHURST WAY	BOWLING GREEN KY 42103

8. Name and Address of Current Registered Agent

SCOTT, ROBERT
123 FAIRWAY DR
HAINES CITY FL 33844

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 10-15-01

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)(l), 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.

W. B. OSBORNE

SIGNATURE:

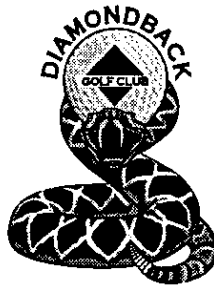
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01 421-0437

CR2E040 (8/01)



October 15, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

We received in the mail this past Friday a Notice of Administrative Dissolution or Revocation.

We have been advised to notify your Department that we have not received any prior notices that this document was due or needed to be filed by us. The two changes on this form have been in effect for the past two years and if we had received this form, those changes would have been made.

Please find enclosed a check for \$150.00 which we were advised must be sent along with this letter.

Yours truly

Robert Scott
President

DIAMONDBACK GOLF CLUB

6501 S.R. 544 E. • HAINES CITY, FL 33844 • PHONE (941)•421•0437 • FAX (941)•422•9673