

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 # K71933

1. Corporation Name

IMPERIALAKES GOLF & RACQUET CLUB, INC.

Principal Place of Business

Mailing Address

% JAMES LONG  
5950 IMPERIALAKES BLVD.  
IMPERIALAKES FL 33860

% JAMES LONG  
5950 IMPERIALAKES BLVD.  
IMPERIALAKES FL 33860

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

03/10/1989

5. FEI Number

59-2947027

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WARREN, KENNETH	5950 IMPERIALAKES BLVD.	IMPERIALAKES FL 33860
VTS	LONG, JAMES	5950 IMPERIALAKES BLVD.	IMPERIALAKES FL 33860
V	MOORE, JAMES	5950 IMPERIALAKES BLVD.	IMPERIALAKES FL 33860
D	TANSEY, FRANK	1180 AVE. OF THE AMERICAS, 18TH	NEW YORK NY 10036
D	LAVIN, JAMES	1180 AVE. OF THE AMERICAS, 18TH	NEW YORK NY 10036
D	LUSKI, DAVID	1180 AVE. OF THE AMERICAS, 18TH	NEW YORK NY 10036

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LONG, JAMES  
5950 IMPERIALAKES BLVD.  
IMPERIALAKES FL 33860

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0508, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/17/96

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 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)(f), 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

JAMES LONG

Date

Daytime Phone #

9/17/96 (941) 647-2917

REINSTATEMENT 96-97

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CH2E040 (7/96)