

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 18 AM 9:32

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K93229

1. Corporation Name

Floridian Club Estates, Inc.

2. Principal Office Address - No P.O. Box #

7 Avenida Vista Grande

Suite, Apt. #, etc.

Ste. B-7104

City & State

Sante Fe, New Mexico

Zip

87508

Country

USA

3. Mailing Office Address

7 Avenida Vista Grande

Suite, Apt. #, etc.

Ste. B-7104

City & State

Sante Fe, New Mexico

Zip

87508

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/89

5. FEI Number
752283086

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

UCC Filing & Search Services, Inc.

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

1574 Village Square Blvd.

Suite, Apt. #, Etc.

Suite 100

City

Tallahassee

State

FL

Zip Code

32309

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

FL 0806

REGISTERED AGENT MUST SIGN

Date 6/16/09

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Zachary Shultz	7 Avenida Vista Grande, Ste. B-7104	Sante Fe, New Mexico 87508
VP/D	Arthur Shultz	964 S.W. 35 Lane	Ocala, Florida 34474-5985
Sec/Tr	Arthur Shultz	964 S.W. 35 Lane	Ocala, Florida 34474-5985

REINSTATEMENT

070-09

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10. 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 contained in Chapter 119, 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:

Zachary Shultz Zachary Shultz

6/9/09 505-603-7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #