PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Katherine Harris

APPLICATION

| Secretary of State DIVISION OF CORPORATIONS | | | | | JUNEON ACRY OF CO. | | | | |
|--|--|---|--|--|---|---------------------------------------|-------------------------|--|--|
| DOCUMENT # K97652 1. Corporation Name | | | | | | OI OCT 31 PM 2: 03 | | | |
| CLUB | & COMMUNITY CO | RPORATION | | | | • | 2.03 | | |
| Principal Place of Business Mailing Address | | | | | | | | | |
| 1515 N. FEDERAL HIGHWAY BOCA RATON FL 33432 US | | | 1515 N. FEDERAL HIGHWAY BOCA RATON FL 33432 US | | | | | | |
| | addresses are incorrect in any way, incipal Office Address, If Applicable | | information and ente | | 4. Date Incorp | orated or Qualified | | | |
| Suite, Apt. #, etc. Suite, A | | | #, etc. | | To Do Business in Florida 06/22/1989 5. FEI Number | | | | |
| City & Stat | e | City & State | City & State | | | 65-0127686 Applied For Not Applicable | | | |
| Zip Country | | Zip | Zip Country | | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | | | |
| 7. Names | and Street Addresses of Each Offic | er and/or Director (F) | orida nonprofit corpo | rations must list at lea | ast 3 directors) | | | | |
| Title(s) Name of Officers and/or Directors | | | | treet Address of Each Officer and/or Director | | | | | |
| PTS | WELHOUWER, DANIEL R. | | 1688 THATCH PALM | | | BOCA RATON FL 33432 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | .00 | .0000046951802 -11/27/0101051010 | | | | |
| | | | 167A120 | | | ****150.00 ****150.00 | | | |
| | | | | | 2 | | | | |
| | | | | 1 Miles | / | | | | |
| | 9 Name and Address of Co | urent Posistored As | l l | | O Name and | Address of New Posts and A | | | |
| 8. Name and Address of Current Registered Agent Name | | | | | 9. Name and Address of New Registered Agent | | | | |
| WIELHOUWER, DANIEL R. 1515 N. FEDERAL HIGHWAY | | | | | (P.O. Box Number is Not Acceptable) | | | | |
| | RATON FL 33432 | | Suite, Apt. #, Etc. | | 85 | | | | |
| | | | • | City | | | Zip Code | | |
| 10. I, being | appointed the registered agent of t | he above named corp | oration, am familiar v | vith and accept the of | bligations of Secti | on 607.0505, F.S. | <u> </u> | | |
| Signature o | | P. Wie | Regi | | | Date 10/24/01 | | | |
| this rein owed by | that I am an officer or director or the statement application, the reason for the corporation have been paid an application is true and accurate, and | e receiver or trustee e or dissolution has beer of the names of individ | n eliminated, the corp duals listed on this fo | orate name satisfies rm do not qualify for | the requirements an exemption und | of section 607.0401 or 617.040 | 01, F.S., that all fees | | |
| SIGNAT | | OR 6 | Wielk | lan | 10/29/ | Y-I | D-1900 time Phone # | | |
| | | | | | • | , | 1 | | |



October 29, 2001

sent via Federal Express

Florida Department of State George Firestone Building 409 E. Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

I am enclosing our check for \$150.00. I did call your office because I did not understand what this "Application for Reinstatement" was about. I did not receive a notice of renewal this year...only the reinstatement form. I don't know if the notice was not delivered here because there was no suite number mentioned. In any event, I am requesting renewal as in the past years.

Please call our office if any further direction is needed. Please ask for Margie or Evelyn. I thank you in advance for your assistance.

Sincerely,

Margie S. Higdon

Margie S. Higdon

Assistant to Daniel R. Wielhouwer

msh

Enclosure (check #1610)