

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000617913

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

AND  
INTERNATIONAL GOLF & COUNTRY CLUB LLC

03

2. Principal Office Address

27499 Riverview Coker Blvd

Suite, Apt. #, etc.

212

City & State

BONITA SPRINGS FL

Zip

34134

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10/18/01

6. FEI Number

593755620

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

FILED  
2005 DEC 29 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

Rief, FRANK J. III ESQ

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

442 W. Kennedy Blvd STE 340

Suite, Apt. #, Etc.

City

TAMPA

900063696249

01/13/05 01/03/05 \*\*255.00

FL

33606

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Frank J. Rief III*

Date

12/28/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Member/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	DONALD H SKELTON	4731 Bonita Bay Blvd #2001	BONITA SPRING, FL 34134

REINSTATEMENT 2003-2005

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Donald H Skelton*

Date

12/21/05

Daytime Phone

(239) 444-3112

Typed or printed name of signing Managing Member/Manager