

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

01 NOV 26 PM 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L9700000/391

1. Limited Liability Company's Name

GOLF CLUB OF BRENTWOOD FORMS L.C.

Document # L9700000/391

REINSTATEMENT 7001

2. Principal Office Address

1720 W. Nicole Dr.

Suite, Apt. #, etc.

Lecanto FL

City & State

34461

Zip

Country

Citrus

3. Mailing Office Address

1720 W. Nicole Dr.

Suite, Apt. #, etc.

Lecanto FL

City & State

34461 Citrus

Zip

Country

4. State/Country of Formation

Florida Citrus

5. Date Organized or Qualified
To Do Business in Florida

Dec. 11 1997

6. FEI Number

59-3483238

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Igler & Dougherty P.A.

100004694951-6

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

1501 Park Avenue East

-11/27/01--01045--001

Suite, Apt. #, Etc.

***150.00 ***150.00

City

Tallahassee

State

FL

Zip Code

32301

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

Edward W. Dougherty V.R.

REGISTERED AGENT MUST SIGN

Date

X 11/23/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Ronald Cates	2575 Westside Parkway Suite 100	Alpharetta GA 30004
V.P.	Kenneth Creech	10590 N. Citrus Springs Blvd	Dunnellon FL 34434

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

Kenneth Creech

Date 12 Nov 2001

Daytime Phone #

352-527-2600

Typed or printed name of signing Managing Member/Manager

Kenneth Creech

CR2E041 (9/01)