

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO800006264

1. Corporation Name

HEATHER HILLS GOLF ACQUISITION COMMITTEE, INC.

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

508 44th Avenue E

Suite, Apt. #, etc.

3. Mailing Office Address

508 44th Avenue E

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34203

Country

USA

Zip

34203

Country

USA

7. Name and Address of Current Registered Agent

Name

WILLIAM R. KORP

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

2 N. TAMiami TRAIL

Suite, Apt. #, Etc

Suite 500

City

Sarasota

State

FL

Zip Code

34236

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

William R. Korp

REGISTERED AGENT MUST SIGN

Date

3/10/2010

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
D	Bill Wagner	508 44th Avenue E	Bradenton, FL
D	D'Arcy Van Nest	508 44th Avenue E	Bradenton, FL
D	Sonja Accetura	508 44th Avenue E	Bradenton, FL
D	Roger Goodhue	508 44th Avenue E	Bradenton, FL
D	John Bauman	4904 2nd Avenue E	Bradenton, FL
REINSTATEMENT			

10. E-mail Address: wkorp@lutzbobo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

John M. Bauman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-12-10

Daytime Phone #

FILED

10 MAR 29 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200172442922
03/29/10--01018--016 **61.25

200172442922
03/17/10--01039--020 **236.25

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 07/01/2008

5. FEI Number

NONE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.