PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
N05000014395

FILED
05 APR 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/16/04 01009 003 61.25

REINSTATEMENT 03-05

DOCUMENT # N16220

1. Corporation Name
East Crooked Lake Club,Inc.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2451 E. Crooked Lake Club Blvd. | 2451 E. Crooked Lake Club Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Eustis, FL. | City & State: Eustis,FL |
| Zip: 32726 / Country: USA | Zip: 32726 / Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 08/06/1986

5. FEI Number: ☐ 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: William Ambs

Street Address (P.O. Box Number is Not Acceptable): 2451 E. Crooked Lake Club Blvd.

900054204029
05/10/05 01038 008 **122.50

Suite, Apt. #, Etc.

City: Eustis | State: FL | Zip Code: 32726

**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 Ambs — Date: 3/8/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

**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 |
|---|---|---|---|
| P/D | Scott Ales | 2461 E. Crooked Lake Club Blvd. | Eustis,FL. 32726 |
| VP/D | John Boate | 2450 E. Crooked Lake Club Blvd. | Eustis,FL. 32726 |
| T/D | William Ambs | 2451 E. Crooked Lake Club Blvd. | Eustis,FL. 32726 |
| S | Suzanne Trecek | 2431 E. Crooked Lake Club Blvd. | Eustis,FL. 32726 |
| | | | |
| | | | |

**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 under section 119.07(3)(i), 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:** William Ambs — William Ambs — 03/08/05 — 352-735-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #