CORPORATION	FLORIDA DEPARTMENT OF STATE	FILED
REINSTATEMENT	Secretary of State	02.0CT 31 PM 5: 27
CO WE I	DIVISION OF CORPORATIONS	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # / \355	04	TALLAHASSEE, FLOHIDA
Holland Hunting Club, INC.		
Holland Muning Club, INC.		REINSTATEMENT 95-02
		The state of the s
2. Principal Office Address	3. Mailing Office Address	700008726257 10/31/0201051020 **673.75
180 Blueberry Dr. Suite, Apt. #, etc.	180 Blueberry Dr. Suite, Apt. #, etc.	
,		4. Date Incorporated or Qualified To Do Business in Florida
Brand Ridge FL	City & State  Drand Ridge FL  Zip  Country	5. FEI Number Applied For
Drand Ridge FL Zip Country 32442 Jackson	32.442 JackSon	59-1423826 Not Applicable  6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required
JATTA JACKSON	7. Name and Address of Current Regist	for a Certificate of Status
Name		
Street Address (P.O. Box Number is Not Acceptable)		
780 Blueberr Suite, Apt. #, Etc.		
Chu		
Brand Ridge	•	State Zip Code FL 32442
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		
REGISTERED AGENT MUST SIGN  / /  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 Dire	Street Address of Ea Officer and/or Direct	
DP Carl B. Bra	nch 780 Blueberry	Dr. Brand Ridge, FL 32442
DV CLark M. Rogers 790 Blueberry D		]
DST Janice B. Bra	, ,	ال من من من ا
D SHeila B. Ro	/	" " " " " " " " " " " " " " " " " " "
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone # SIGNATURE: