

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

00 OCT 23 PM 3:54

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # N39323**

1. Corporation Name

**GLEN EAGLE GOLF & COUNTRY CLUB, INC.**

Principal Place of Business

Mailing Address

1403 GLEN EAGLE BOULEVARD  
 NAPLES FL 34104  
 US

1403 GLEN EAGLE BOULEVARD  
 NAPLES FL 34104  
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**3300 University Dr.**  
**001**  
**CORAL SPRINGS FL**  
**33065 USA**

4. Date Incorporated or Qualified To Do Business in Florida

08/01/1990

5. FEI Number

65-0217318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	<del>RAMSEY, ROY</del> SCOTT CLARK	1403 GLEN EAGLE BOULEVARD	NAPLES FL 34104
STD	DIFIORE, CORA	<del>1403 GLEN EAGLE BOULEVARD</del> 3300 University Dr	<del>NAPLES FL 34104</del> CORAL SPRINGS FL 33065
TD	<del>MALCOLM, PATRICK</del> DANIEL R. THRON	1403 GLEN EAGLE BOULEVARD	NAPLES FL 34104

**REINSTATEMENT 2050**

8. Name and Address of Current Registered Agent

RAMSEY, ROY  
 1403 GLEN EAGLE BOULEVARD  
 NAPLES FL 34104

9. Name and Address of New Registered Agent

Name: CORA Di Fiore  
 Street Address (P.O. Box Number is Not Acceptable): 3300 University Dr  
 Suite, Apt. #, Etc.: 001  
 City: C.S. State: FL Zip Code: 33065

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Cora Di Fiore*  
 REGISTERED AGENT MUST SIGN

Date: 10/19/00

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 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: *Cora Di Fiore, Sec.* Date: 10/19/00 Daytime Phone #

CR2E040 (8/00)