
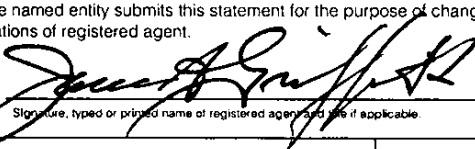
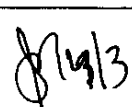
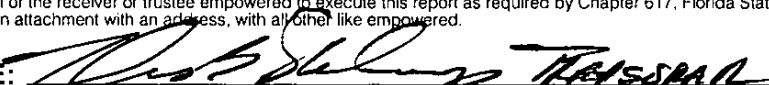


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| <b>DOCUMENT # N93000005243</b>  |  |   |  |    |  | <b>FILED</b><br><b>07 MAR 29 PM 3:41</b><br>DEPARTMENT OF STATE<br>TALLAHASSEE, FLORIDA |  |
| <b>1. Entity Name</b><br>SPANISH WELLS GOLF AND COUNTRY CLUB, INC.  |  |   |  | <b>Principal Place of Business</b><br>9801 TREASURE CAY LANE<br>BONITA SPRINGS, FL 34135 US   |  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>Suite, Apt. #, etc.  |  |   |  | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.  |  |   |  |
| <b>City &amp; State</b>   |  |   |  | <b>City &amp; State</b>   |  |   |  |
| <b>Zip</b>  |  | <b>Country</b>  |  | <b>Zip</b>  |  | <b>Country</b>  |  |
| <b>4. FEI Number</b><br>65-0465554  |  |   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>THE PRENTICE HALL CORPORATION SYSTEM<br>1201 HAYS STREET<br>SUITE 105<br>TALLAHASSEE, FL 32301  |  |   |  | <b>7. Name and Address of New Registered Agent</b><br><b>Name</b> JAMES A GRIFFITH<br><b>Street Address (P.O. Box Number is Not Acceptable)</b> 9251 SPANISH MOSS WAY<br><b>City</b> Bonita Springs <b>FL</b> <b>Zip Code</b> 34135 |  |   |  |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>  |  |   |  |   |  |   |  |
| <b>SIGNATURE</b> <br><small>Signature, typed or printed name of registered agent and fee if applicable.</small>  |  |   |  | <b>MR. JAMES A. GRIFFITH</b><br><b>CORP. SECRETARY</b> <b>3/27/2007</b><br><small>(NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |
| <b>FILE NOW!!! FEE IS \$297.50</b>  |  |   |  | <b>Make check payable to Florida Department of State</b>  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD</b><br>BALS, CARL H<br>28427 SOMBRERO DR.<br>BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>THOMAS SCHVECK<br>9050 LAS MADERAS DRIVE #202<br>BONITA SPRINGS, FL. 34135 |   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD</b> <input checked="" type="checkbox"/> Delete<br>BOEGLIN, JIM<br>9899 EL GRECO CIRCLE<br>BONITA SPRINGS, FL 34135 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>THOMAS NELCAMP<br>4782 TREASURE CAY LANE<br>BONITA SPRINGS, FL. 34135      |   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD</b> <input checked="" type="checkbox"/> Delete<br>CRIDER, STEVE<br>28389 VERDE LANE<br>BONITA SPRINGS, FL 34135    | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>JAMES A. GRIFFITH<br>9251 SPANISH MOSS WAY<br>BONITA SPRINGS, FL 34135     |   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD</b> <input type="checkbox"/> Delete<br>DISHAW, JOHN<br>9130 LOS LAGOS CT. #202<br>BONITA SPRINGS, FL 34135         | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>100096000981<br>04/08/07--01043--000 ***297.50                             |   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>            |   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |  |   |  |   |  |   |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  | <b>3/28/07</b><br><small>Date Daytime Phone #</small>   |  |   |  |