

APPROVAL
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

05 MAY 13 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000309

1. Corporation Name

BIG OAK TREE YACHT &
COUNTRY CLUB, INC.

2. Principal Office Address

3041 S.E. 171ST

Suite, Apt. #, etc.

3. Mailing Office Address

7010 SW 170TH ST.

Suite, Apt. #, etc.

City & State

INGLIS, FL

City & State

ARCHER, FL

Zip

34449

Country

USA

Zip

32618

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1993

5. FEI Number

593225570

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

BRUCE H. SAVAGE

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

7010 SW 170TH STREET

Suite, Apt. #, Etc.

City

ARCHER

State

FL

Zip Code

32618

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

Bruce H. Savage

REGISTERED AGENT MUST SIGN

Date May 11, 2005

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	JOHN E. MAINWARING	4555 NW 100 TH AVENUE	CHIEFLAND, FL 32626
D	JERRY J. DAVIS	200 HALSEY STREET	ORLANDO, FL 32809
D	BRUCE N. SAVAGE	7010 SW 170 TH STREET	ARCHER, FL 32618

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:

Bruce N. Savage

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2005

Date

Daytime Phone #

352-490-7760

CR2E081 (01/05)