

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

**2001 OBR**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000077595

1. Corporation Name

The Nineteenth Hole at  
Fairwinds Inc.

2. Principal Office Address

4400 Fairwinds Dr

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34946

Country

St Lucie

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/16/00

5. FEI Number

65-1032277

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

Murray, Paul J.

600004720096

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

4400 Fairwinds Dr

12/12/01-01013-016

\*\*\*150.00 \*\*\*150.00

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34946

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

Paul J Murray  
REGISTERED AGENT MUST SIGN

Date 10/19/01

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
VTD	Murray Paul J	14124 Bayshore Dr	Fort Pierce, FL 34949
PSD	Hallo, John	7319 Indrio Road	Fort Pierce, FL 34951

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:

Paul J Murray  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/01

Daytime Phone #

November 14, 2001

Florida Department of State  
Katherine Harris  
Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

Dear Ms. Harris,

This note is to inform you that prior documentation sent to us relative to our corporate registration were never received until after late fees were already assessed. We are, therefore requesting that the late fees be waived. Upon receipt of your notice of late fees, I immediately mailed the application and check. My check did not clear the bank, so I called your office to inquire as to its status.

Your office explained to me that possibly the application was not filled out properly and that it would be returned to me for correction along with the check. I did in fact receive the check and application in the mail yesterday that asked for my FEI Number. I have enclosed all of the necessary information along with this note requesting a credit for the late fees.

Thank you for your help and consideration in this matter.

Respectfully,

*Paul J. Murray M. R.*  
Paul J. Murray, Vice President  
1412-A Bayshore Dr.  
Ft. Pierce, Fl. 34949