

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
01-02 WAR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -8 PM 1:29

DOCUMENT # P00000093150

1. Corporation Name

GULF TO GOLF REALTY, INC.

Principal Place of Business

Mailing Address

4987 GOLDEN GATE PARKWAY
NAPLES FL 34116

4987 GOLDEN GATE PARKWAY
NAPLES FL 34116



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

651056780

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres. Sec. Treas.	William D. Collins	955 B. Aetna Wms	Naples, FL.

500005236465--5
-04/10/02--01078--016
****300.00 ****300.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREGOIRE, CLIFF
1100 LITTLE NECK COURT
NAPLES FL 34102

Name
William D. Collins
Street Address (P.O. Box Number is Not Acceptable)
4987 Golden Gate Parkway
Suite, Apt. #, Etc.
City
Naples
State
FL
Zip Code
34116

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

Signature of
Registered Agent:

[Handwritten signature of William D. Collins] 4/4/02

Date 3/21/02

REGISTERED AGENT MUST SIGN

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:

[Handwritten signature of William D. Collins] 4/4/02
3/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-272-7998

CP2E040 (5/01)