PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	THE STATE OF
OLEGE WAREINSTATEMENT	AR
REINSTATEMENT	

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

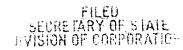
DOCUMENT # P0000093150

1. Corporation Name

GULF TO GOLF REALTY, INC.

Principal Place of Business

Mailing Address



02 APR -8 PM 1:29



l .		· ·	987 GOLDEN GATE PARKWAY APLES FL 34116			
	ldresses are incorrect in any way, line t					
New Principal Office Address, If Applicable New Mailing 0		ling Office Address, I	If Applicable	Date Incorporated or Qualified To Do Business in Florida 09/29/2000		
Suite, Apt. #, etc. Su		Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Number Applied For	
City & State		City & State			651056780 Not Applicable	
Zip	Country	Zip	Coun	try	6. CERTIFICATE OF STATUS DESIRED St. 5 Additional Fee required	
7. Names a	nd Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit corpo	rations must list at lea	ast 3 directors)	
Title(s)	Name of Officers St		treet Address of Each Officer and/or Director	h City / State / Zin		
Pres.						
Treas					5000052364655 -04/10/0201078016 ****300.00 ****300.00	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent		
NAPLES FL 34102 Suite, Apt. #			Street Address (F	. State Zip Code		
Signature of Registered A 11. I certify the this reins owed by on this ap	that I am an officer or director or the rectatement application, the reason for distinct the corporation have been paid and the pplication is true and accurate, and my	REGISTERED ACREIVER or trustee el sociution has beer en names of individe	EENT MUST SIGN mpowered to execute n eliminated, the corp tuals listed on this for	e this application as porate name satisfies	Date 3/2//0 2 Date 3/2//0 2 provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i). F.S. The information indicated	
SIGNATI	URE: SIGNATURE AND TYPED OR P	RINTED NAME OF	SIGNING OFFICER OR	DIRECTOR	Date Dayline Piccae #	