

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000028448

1. Corporation Name  
DSC Golf Property Corp.

2. Principal Office Address 4 Golf Cottage Drive		3. Mailing Office Address c/o Swope, Lamberson	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 987-N. Collier Blvd.	
City & State Naples, FL		City & State Marco Island, FL	
Zip 34105	Country USA	Zip 34145	Country USA

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida 3/10/2003

5. FEEL Number 20-5793910

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  
Jane Lamberson, Swope, Lamberson & Charbonneau, PA

Address (P.O. Box Number is Not Acceptable)  
8955 Fontana Del Sol Way

Suite, Apt. #, Etc.

City  
Naples

State  
FL

Zip Code  
34109

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 Jane E. Lamberson Date 11/16/06

REGISTERED AGENT MUST SIGN

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
p	William Seabrook	4 Golf Cottage Drive	Naples, FL 34105

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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 contained in Chapter 119, 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: William Seabrook WILLIAM SEABROOK 11.2.2006 2394363919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B Mitchell NOV 27 2006