PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATE	500 000 1 100 5	FLORIDA DEPARTMENT OF S' Secretary of State DIVISION OF CORPORATIONS	O6 OCT 23 PH 3: 20
DOCUMEN 1. Corporation Name	T# P9400	00003551	
	OPTI CLUB,	INC.	REMISTATEMENT 04-06
2. Principal Office Address 6495 N. Davis Highway		3. Mailing Office Address SAME	01/06/06 01047 007 900
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. Date incorporated or Qualified To Do Business in Florida
PENSACOLA, FLORIDA Zip Country		City & State Zip Country	1/6/1994 5. FEI Number Applied For Not Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
32504	USA	7. Name and Address of Curren	
220 Suite, / City JAY	I the registered agent of the a		State Zip Code FL 32565 Scept the obligations of section 607.0505 or 617.0503, F.S. Date 10 - 20 - 6
9. Names and Stree	et Addresses of Each Officer	and/or Director (Florida nonprofit corporations m	
Titles	Name of Street Address of Eacl Officers and/or Directors Officer and/or Director		
P TEG	ENKAMP, JEFFRE	Y L 2206 FARM ROA	D JAY, FLORIDA 32565
V TEGENKAMP, NANCY		2206 FARM ROA	D JAY, FLORIDA 32565
			700081126027 10/23/0601068001 **150.00
this reinstateme	nt application, the reason for or poreflon have been paid and to on is true and accurate, and m	ticeclution has been eliminated, the comprate ga	10.20-06