

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 JUN 22 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-05

DOCUMENT # P94000046711	
1. Entity Name BALLANTRAE COUNTRY CLUB, INC.	

Principal Place of Business 5290 HIATUS RD SUNRISE, FL 33351 US	Mailing Address 5290 HIATUS RD SUNRISE, FL 33351 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



06092005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0499365	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VITALE, STEVEN G. 32 C SE OSCEOLA ST STUART, FL 34994	7. Name and Address of New Registered Agent Name James Davis Street Address (P.O. Box Number is Not Acceptable) 5290 Hiatus Rd. City Sunrise FL Zip Code 33351
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James R. Davis James Davis 6/10/05
Signature of officer or director of the corporation or the registered agent (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VITALE, OTTO 3228 MARTIN DOWNS BLVD STE 5 PALM CITY, FL 34990 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST James Davis 5290 Hiatus Rd. Sunrise, FL 33351 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, JAMES 5290 HIATUS RD SUNRISE, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Joseph P. Akra 5290 Hiatus Rd. Sunrise, FL 33351 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Davis James Davis, President 6/10/05 954-572-2821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #