

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 23 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073222

1. Corporation Name

PANTHER RIDGE SPORTS COMPLEX, INC.

REINSTATEMENT 97-03

2. Principal Office Address
6001 E. Stagecoach Trail

3. Mailing Office Address
6001 E. Stagecoach Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Floral City, FL

City & State
Floral City, FL

Zip
34436

Country
Citrus

Zip
34436

Country
Citrus

4. Date Incorporated or Qualified
To Do Business in Florida 10/05/94

5. FEI Number
650533855

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name
David D. Rooks

Street Address (P.O. Box Number is Not Acceptable)
6001 E. Stagecoach Trail

200024397662
11/04/03--01018--012 **1659.75

Suite, Apt. #, Etc.

City
Floral City

State Zip Code
FL 34436

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 *[Signature]*

Date 10/21/03

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
PST	David D. Rooks	6001 E. Stagecoach Trail	Floral City, FL 34436

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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

352/726-4762

Daytime Phone #

CR2E081 (10/02)