

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073222

1. Corporation Name

PANTHER RIDGE SPORTS COMPLEX, INC.

2. Principal Office Address

6001 E. Stagecoach Trail

Suite, Apt. #, etc.

City & State

Floral City, FL

Zip
34436

Country

Citrus

3. Mailing Office Address

6001 E. Stagecoach Trail

Suite, Apt. #, etc.

City & State

Floral City, FL

Zip
34436

Country

Citrus

REINSTATEMENT 97-03

**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

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

Suite, Apt. #, Etc.

City

Floral City

State

FL

Zip Code

34436

200024397662
11/04/03--01018--012 **1653.75

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]

10/21/03

352/726-4762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)