PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED APPLICATION \$3.JUM 15 AH 8: 25 FOR REINSTATEMENT ENTERNAY OF STATE DOCUMENT # P94000074566 1. Corporation Name OAKWOOD GOLF VILLAS, INC. Principal Place of Business Mailing Address SOAVE CENTER SOAVE CENTER 37067 SAN BONIFACTIO 37067 SAN BONIFACTIO VERONA, ITALY VERONA, ITALY reinstatement 97-090 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida STUDIO FASOL BAGNI BOSCO STUDIO FASOL BAGNI 10/6/94 5 FEI Number COMMERTALISTI ASSOCIATI
City & State VIA GIBERTI, 7 Applied For COMMERIALISTI ASSOCIAT 59-3272960 Not Applicable VERONA VERONA \$8.75 Additional Fee require for a Certificate of Status Zip 37122 Country Zip Country CERTIFICATE OF STATUS DESIRED 37122 ITALY ITALY 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip BRUNO DOMENICHINI 5334 CENTRAL FLORIDA PKWY ORLANDO, FLORIDA 32821 PD SUITE 109 CESARE ANGELI STUDIO FASOL BAGNI BOSCO, COMMERIALISTI ASSOCIATI, VIA GIBERTI 7 37122 VERONA, ITALY ARNALDO TOMMASI STUDIO FASOL BAGNI BOSCO, COMMERIAI ıstı 37122 VERONA, ITALY ASSOCIATI, VIA GIBERTI 7 STUDIO FASOL BAGNI BOSCO, COMMERIALISTI DINA TOMMASI 37122 VERONA, ITALY ST ASSOCIATI, VIA GIBERTI 7 00002908291---06/17/99--01096--024 ***1050.00 ***1050.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name F & L CORP. CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD THE GREENLEAF BUILDING Suite, Apt. #, Etc. PLANTATION, FL 33324 200 LAURA STREET City Zip Code JACKSONVILLE 32202 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. No 🔯 Yes 12. 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 name 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 it made under oath. DOMENICHINI BEUKO 06.63.99 SIGNATURE: SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32474F.1

FOLEY & LARDNER

ATTORNEYS AT LAW

CHICAGO DENVER **JACKSONVILLE** LOS ANGELES MADISON MILWAUKEE **ORLANDO**

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407/244-7121

EMAIL ADDRESS LHoldorf@foleylaw.com CLIENT/MATTER NUMBER 079183-0101

June 11, 1999

VIA OVERNIGHT DELIVERY

Florida Department of State Reinstatement Division 409 East Gaines Street Tallahassee, FL 32399

Re:

Application for Reinstatement for Oakwood Golf Villas, Inc.

Document Number: P94000074566

Dear Reinstatement Division:

Enclosed please find the original executed Application for Reinstatement for the above-referenced corporation. A check in the amount of \$1,050 is enclosed to cover the filing fees. A certificate of status has not been requested at this time.

Thank you for your assistance.

Sincerely,

Leslie S. Holdorf

Paralegal, Corporate

Enclosure(s)

cc:

Paul E. Rosenthal, Esq. (w/o Enc.)

Bruno Domenichini (w/ Enc.)