

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 13 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/21/02--01079--007
****900.00 ****900.00

DOCUMENT # P94000074566

1. Corporation Name

OAKWOOD GOLF VILLAS, INC.

2. Principal Office Address

VIA MONTE BALDO

Suite, Apt. #, etc.
37019 PESCHIERA D/G
VERONA

City & State

Zip

Country

ITALY

3. Mailing Office Address

VIA MONTE BALDO

Suite, Apt. #, etc.
37019 PESCHIERA D/G
VERONA

City & State

Zip

Country

ITALY

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/06/1994

5. FEI Number

593272960

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

F & L Corp.

Street Address (P.O. Box Number is Not Acceptable)

200 Laura Street

Suite, Apt. #, Etc.

The Greenleaf Building, 3rd Floor

City

Jacksonville

State

FL

Zip Code

32201

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]
REGISTERED AGENT MUST SIGN

Date

6/11/02

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
PD	Domenichini, Bruno	Via Marsala 64 - 37128 Verona	ITALY
VP	Angeli, Cesare	Loc. Campodemmo (TN)	ITALY
VP	Tommasi, Arnaldo	Via Clementi 54 - 38015 Lavis (TN)	ITALY
ST	Tommasi, Dina	Via Clementi 54 - 38015 Lavis (TN)	ITALY

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruno Domenichini

Date

6/11/02

Daytime Phone #

CR2E081 (9/01)