

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033236

1. Corporation Name

Pride Resorts - Country Lakes, Inc.

2. Principal Office Address

250 Mohawk Road

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

USA

3. Mailing Office Address

P.O. Box 120276

Suite, Apt. #, etc.

City & State

Clermont, FL 34712

Zip

34712

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/95

5. FEI Number

59-3310254

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-04

100039537171
07/26/04--01070--009 **1950.00

FILED
04 JUL 20 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Clarence Wright

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

6 Abbey Court

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

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

Clarence V. Wright

REGISTERED AGENT MUST SIGN

Date

7/19/04

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
Pres.	Clarence Wright	6 Abbey Court	Haines City, FL 33844
V-Pres.	Peggy L. Abraham	240 Mohawk Road	Clermont, FL 34711

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:

Peggy L. Abraham Peggy L. Abraham V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/19/04

Daytime Phone #

352-394

4048

TK

CR2E081 (01/04)