PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 APR -1 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088607

1. Corporation Name

TALL PINES RANCH & RESORT, INC.

REINSTATEMENT 97-02

2. Principal Office Address	**3.** Mailing Office Address
6770 SR 207	P.O. Box 182
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ELKTON, Florida	City & State: HASTINGS, Florida
Zip: 32145-0182 Country:	Zip: 32145-0182 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11-15-95

5. FEI Number: 59-3363007 ☐ 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: Joseph Virga

Street Address (P.O. Box Number is Not Acceptable): 6770 SR 207

Suite, Apt. #, Etc.:

City: ELKTON | State: FL | Zip Code: 32033

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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: X Joseph Virga
REGISTERED AGENT MUST SIGN

Date: 4/1/02

CR2E081 (9/01)

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
DT	VIVIAN VIRGA	6770 SR 207	ELKTON, FL 32145
DP	JOSEPH VIRGA	6770 SR 207	ELKTON, FL 32145

MW

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: Joseph Virga President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02
Date

904 692 3702
Daytime Phone #