

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 22 PM 12:02

DOCUMENT # P96000045632

1. Corporation Name

RDC GOLF OF FLORIDA, I, INC.

Principal Office Address

1200 Bridgewater Drive

Suite, Apt. #, etc.

City & State

Heathrow, FL 32746

Zip

Country

US

3. Mailing Office Address

99 Cherry Hill Road

Suite, Apt. #, etc.

Suite 305

City & State

Parsippany, NJ

Zip

07054

Country

US

**REINSTATEMENT**

88.00

AD

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/1996

5. FEJ Number

59-3381211

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

N. Dwayne Gray, Jr.

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

Greenspoon, Marder, et al.

Suite, Apt. #, Etc.

135 West Central Boulevard, #1100

City

Orlando

State

FL

Zip Code

32801

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

*N. Dwayne Gray, Jr.*  
N. DWAYNE GRAY, JR. REGISTERED AGENT MUST SIGN

Date 6-19-2000

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

P/T/D Christopher Schiavone

99 Cherry Hill Road, Suite 305

Parsippany, NJ 07054

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

Christopher R. Schiavone

June 15, 2000

Date

407/333-1450

Daytime Phone #

CR2E081 (9/99)