

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000059452**

1. Corporation Name

BENT OAK GOLF RESORT, INC.

Principal Place of Business

4335 LONDONTOWN ROAD
TITUSVILLE FL 32796

Mailing Address

4335 LONDONTOWN ROAD
TITUSVILLE FL 32796

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1997

5. FEI Number

59-3457443

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	FINE, TERRY L	530 DEVON PL	HEATHROW FL 32746
ST	HOLLOWAY, B S	3885 SOUTH ST	TITUSVILLE FL 32780
			400003493234-9 -12/11/00--01034--003 ****750.00 ****750.00
P	FINE, Terry L.	4460 LONDONTOWN RD	Titusville FL 32796

8. Name and Address of Current Registered Agent

HOLLOWAY, BOB S
3885 SOUTH ST
TITUSVILLE FL 32796

9. Name and Address of New Registered Agent

Name **TERRY L. FINE**
Street Address (P.O. Box Number is Not Acceptable)
4460 LONDONTOWN RD.
Suite, Apt. #, Etc.

City **Titusville**

State

Zip Code

FL

32796

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

SIGNATURE REQUIRED

Date

11/14/2000

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

TERRY L. FINE 11/14/2000 321-269-4653

CR2E040 (8/00)