

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023709

1. Corporation Name

Dunes West Residential Golf
Properties, Inc.

2. Principal Office Address

1 Beagles Rest

Suite, Apt. #, etc.

City & State

Ormond Beach FL

Zip

32174

Country

Volusia

3. Mailing Office Address

1 Beagles Rest

Suite, Apt. #, etc.

City & State

Ormond Beach FL

Zip

32174

Country

Volusia

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

3/11/98

5. FEI Number

593498199

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

Tonya Griffin

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

1 Beagles Rest

Suite, Apt. #, Etc.

City

Ormond Beach

200030508442

03/16/04--01026--033 **908 75

State

FL

Zip Code

32174

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

Tonya Griffin

REGISTERED AGENT MUST SIGN

Date 3/8/04

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
PS TD	Allan Feker	660 Virginia Park Dr	Laguna Beach, CA 92651
V	Peony Chua	660 Virginia Park Dr	Laguna Beach, CA 92651

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

3/1/04

Date

(386) 672-7298

Daytime Phone #

CR2E081 (01/04)