FILED
02 JUL 16 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P980000 29792

1. Corporation Name

THE SUGARLOAF CLUB, INC

300006629543--4
-07/25/02--01002--017
****908.75 ****908.75

2. Principal Office Address	3. Mailing Office Address
19269 BAD GEORGE RD	P.O. BOX 1737
Suite, Apt. #, etc. SUGARLOAF SPORTS & LEISURE CLUB	Suite, Apt. #, etc. 31 WEST WATER ST
City & State SUGARLOAF KEY, FL	City & State SAG HARBOR, NY
Zip 33042 Country USA	Zip 11963 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/1/98

5. FEI Number 650832407 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: DONALD E. WHITEHEAD

Street Address (P.O. Box Number is Not Acceptable): 19269 BAD GEORGE ROAD

Suite, Apt. #, Etc.: SUGARLOAF SPORTS & LEISURE CLUB

City: SUGARLOAF KEY State: FL Zip Code: 33042

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: Donald E Whitehead
REGISTERED AGENT MUST SIGN

Date: 7/11/02

CR2E038 (10/01)

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
PRES. & SEC.	DONALD E. WHITEHEAD	31 WEST WATER ST.	SAG HARBOR NY 11963

REINSTATEMENT 01-02 TB

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: Donald E Whitehead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/11/02

Daytime Phone #: 800-248-7894