

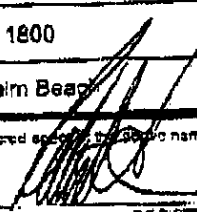
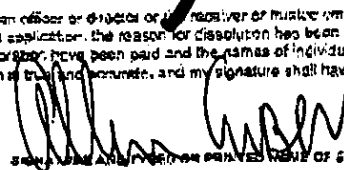
FROM : SOUTHERN PINES.

PHONE NO. : 5617903244

Sep. 13 2002 09:51PM F2

P99000037761

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION UBR 2000, 2001, + 2002		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000037761 1. Corporation Name Southern Pines Golf Center, INC			
2. Principal Office Address 16169 Southern Blvd		3. Mailing Office Address 	
Suite, Apt. #, Etc. 		Suite, Apt. #, Etc. 	
City & State Lexahatchee, FL		City & State 	
Zip 33470	Country USA	Zip 	Country
4. Date Incorporated or Qualified To Do Business in Florida 5/27/1999		5. FEI Number 65-0917767	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Crane, Robert ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 615 North Flagler Drive			
Suite, Apt. #, Etc. 1800			
City West Palm Beach		State FL	Zip Code 33401
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent  Date 9/13/02 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Allen Gruber	838 Ivy Drive	Wellington, FL 33414
S	Steve Gruber	852 Ivy Drive	Wellington, FL 33414
UBR FOR 2000, 2001 + 2002			
10. I certify that I am an officer or director of 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 I made under oath.			
SIGNATURE: 		Allen Gruber Date 9/13/02	661-790-5270 Daytime Phone #

FILED
02 SEP 16 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CROSS-STATE MAILING

P99000037761
SOUTHERN PINES GOLF CENTER

16169 Southern Blvd., Loxahatchee, FL. 33470 Ph. 561-790-5270 Fax 561-790-3244

From the desk of:
Steve Gruber
September 13, 2002

Buck Kohr
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: SOUTHERN PINES GOLF CENTER, INC
DOC # P99000037761

FILED
02 SEP 16 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Buck,

Per our phone conversation, we did not receive the Uniform Business Report for January 2000 for Southern Pines Golf Center, INC. We are requesting that the penalties be waived. We appreciate all your efforts on our behalf. I am enclosing a check in the amount of \$450 to cover the cost of the missed filings.

Again I appreciate all your assistance. If you have any questions, please do not hesitate to contact me.

Sincerely,



Steve Gruber

BK