P99000037761

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
VBR
2000, 2001, + 2002

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # P99000037761

1. Corporation Name
Southern Pines Golf Center, INC

500008024425--9
-09/25/02--01080--027
****450.00 ****450.00

2. Principal Office Address	3. Mailing Office Address
16169 Southern Blvd	
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

6. FEI Number: 65-0917767 Applied For / Not Applicable

8. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for certified copy

7. Name and Address of Current Registered Agent

Name: Crane, Robert ESQ.
Street Address (P.O. Box Number is Not Acceptable): 515 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 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 9/13/02
REGISTERED AGENT MUST SIGN

CR2E045 (8/97)

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

VBR FOR
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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] Allen Gruber 9/13/02 561-790-5270
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

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

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

RE: SOUTHERN PINES GOLF CENTER, INC
DOC # P99000037761

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