

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 DEC -4 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063966

1. Corporation Name

HOWEY HILLS RESORT HOLDING CORPORATION

Principal Place of Business

9551 BRIDGENEW DR.
HOWEY IN THE HILLS FL 34737

Mailing Address

~~P.O. BOX 88~~
HOWEY IN THE HILLS FL 34737

PETER J
McDERMOTT



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

60-23 KRICHERBUCKEN

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State DUMONT N.J.

City & State

Zip 07628 Country USA

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1999

5. FEI Number

59-3587809

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	EASTER, JERRY	26935 BELLA VISTA BLVD, HWY 48	HOWEY IN THE HILLS FL 34737
	PETER J McDERMOTT	60-23 KRICHERBUCKEN	DUMONT N.J.
			07628

8. Name and Address of Current Registered Agent

MCDERMOTT, PETER
26935 BELLA VISTA BLVD, HWY 48
HOWEY IN THE HILLS FL 34737

9. Name and Address of New Registered Agent

Name PETER McDERMOTT
Street Address (P.O. Box Number is Not Acceptable)
60-23 KRICHERBUCKEN ROAD
Suite, Apt. #, Etc.
City DUMONT NJ State NJ Zip Code 07628

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/20/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/02

CR2EC040 (8/02)