

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 29 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S86548

1. Corporation Name

CYPRESS HEAD GOLF CLUB INC.

2. Principal Office Address
6231 PALMVISTA ST.

3. Mailing Office Address
6231 PALM VISTA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ORANGE, FLORIDA

City & State
PORT ORANGE, FLORIDA

Zip Country
32124 VOLUSIA

Zip Country
32124 VOLUSIA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 10/10/1991

5. FEI Number
59-3086448

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES

7. Name and Address of Current Registered Agent

Name

WALTER T. PHILBRICK

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

1756 36th AVE.

Suite, Apt. #, Etc.

City

VERO BEACH

State
FL

Zip Code
32960

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/25/01

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
P/T	Walter T. Philbrick	1756 36th Ave.	Vero Beach, FL. 32960
V/S	Matthew T. Kalbak	2967 S. Atlantic Ave. #1407	Daytona Beach Shores, FL. 32118

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 807 or 817, 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 807.0401 or 817.0401, 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:

Matthew T. Kalbak

MATTHEW T. KALBAK

1/25/2001

904-756-5449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE