

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V32437

1. Corporation Name
COUNTRY CLUB BUILDERS, INC

Principal Place of Business
~~4800 HAW BRANCH ROAD~~
~~SEBRING, FL 33872~~

Mailing Address
~~4800 HAW BRANCH ROAD~~
~~SEBRING, FL 33872~~

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

2. New Principal Office Address, if Applicable
4830 W KENNEDY BLVD

Suite, Apt. #, etc.
SUITE 580

City & State
TAMPA FL

Zip
33609-2562

Country
HILLSBOROUGH

3. New Mailing Office Address, if Applicable
4830 W KENNEDY BLVD

Suite, Apt. #, etc.
SUITE 580

City & State
TAMPA FL

Zip
33609-2562

Country
HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida 4/27/92

5. FEI Number
65-0331571

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/C/D	ROLAND A. HARRIS	4830 W KENNEDY BLVD-580	TAMPA FL 33609-2562
T/S/V/D	PENNY R. KOCAREK	4830 W KENNEDY BLVD-580	TAMPA FL 33609-2562

REINSTATEMENT

98
56
12-9-98

8. Name and Address of Current Registered Agent

HARRIS, R. GREGORY
4800 HAW BRANCH RD
SEBRING, FL 33872

9. Name and Address of New Registered Agent

Name
PENNY R. KOCAREK
Street Address (P.O. Box Number is Not Acceptable)
4830 W KENNEDY BLVD
Suite, Apt. #, Etc.
580
City
TAMPA
State
FL
Zip Code
33609-2562

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.

Signature of
Registered Agent

Penny R. Kocarek
REGISTERED AGENT MUST SIGN

Date 11/25/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Roland A. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roland A. Harris

11/25/98 (813) 282-8834

Date Daytime Phone #

CR2E040 (1/98)