

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V32437

1. Corporation Name

COUNTRY CLUB BUILDERS, INCORPORATED

Principal Place of Business

Mailing Address

ONE URBAN CENTRE - SUITE 695
4830 WEST KENNEDY BOULEVARD
TAMPA, FLORIDA 33609-2578

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 ☒ SB 75 - A certificate required for all corporations 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, Ste. 695	TAMPA, FL 33609-2578
S/T/V/D	PENNY R. KOCAREK	4830 W. KENNEDY, Ste. 695	TAMPA, FL 33609-2578

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-12709/99--01041--015
***758.75 ***758.75

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PENNY R. KOCAREK

ONE URBAN CENTRE - SUITE 659
4830 WEST KENNEDY BOULEVARD
TAMPA, FLORIDA 33609-2578

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 November 22, 1999

11. This corporation owes 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

11/22/99

(813) 282-8834

Date

Daytime Phone #

FILED

99 NOV 29 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

CR-2001 (12/98)