

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 17 PM 4:00

DOCUMENT # V39602

1. Corporation Name

Red Bay Golf, Inc.

2. Principal Office Address

Highway 81 South

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 2041

Suite, Apt. #, etc.

City & State

Red Bay, Florida

Zip

32455

Country

U.S.A.

City & State

Red Bay, Florida

Zip

32455

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1992

5. FEI Number

59-3136525

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel C. O'Rourke

700004758567--7

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

607 Highway 98 East

-01/08/02--01/02/01

****750.00 ****750.00

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 12/14/01

REGISTERED AGENT MUST SIGN

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
DP	Ronald J. Sanker	1362 West 2nd Street	Lorain, Ohio 44052
DV	Gerald M. Grega	1015 W. 45th Place	Lorain, Ohio 44052
D/S/T	Yvonne Sanker	1362 West 2nd Street	Lorain, Ohio 44052
			AD

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:

RONALD SANKER PRES
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR25061 (9/00)