PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 20 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400137072254
10/20/08--01045--017 **900.00

REINSTATEMENT 07-08

CR2E081 (10/08)

DOCUMENT # V39602

1. Corporation Name

RED BAY GOLF, INC.

2. Principal Office Address - No P O Box #	3. Mailing Office Address
Highway 81 South	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Red Bay, Florida	
Zip / Country	Zip / Country
32455 / USA	

4. Date Incorporated or Qualified To Do Business in Florida 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: Richard P. Petermann, Esq.

Street Address (P.O. Box Number is Not Acceptable): 909 Mar Walt Drive

Suite, Apt. #, etc.: Suite 1014

City: Fort Walton Beach | State: FL | Zip Code: 32547

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] Date: 10/16/08

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
P	Ronald Sanker	31661 Lake Rd.	Avon Lake, OH 44012
VP	Gerald Grega	~~Springfield~~ SUMMERFIELD	Fla. 34491
Scy	Yvonne Sanker	31661 Lake Rd.	Avon Lake, OH 44012

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 contained in Chapter 119, 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 Ronald Sanker 10-15-08 440 225 4270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/20