

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W06000015473

FILED

06 MAY -3 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V62280

1. Corporation Name

COUNTY LINE DRIVING RANGE, INC.

2. Principal Office Address

9201 County Line Road

Suite, Apt. #, etc.

3. Mailing Office Address

9201 County Line Road

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Spring Hill, FL

Zip
34608

Country
Hernando

Zip
34608

Country
Hernando

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1992

5. EEL Number

593142752

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
Paul H. Nessler, Jr.

Street Address (P.O. Box Number is Not Acceptable)
10002 Cortez Boulevard

Suite, Apt. #, Etc.

City
Spring Hill

800074461583

05/12/06--01006--010 ** 2100.00

200074461622

05/12/06--01006--011 ** 7.50

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

Paul H. Nessler, Jr.

Date 4/27/06

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
PSTD	William Castner	14 Governor Ky	COLTS City / State / Zip Clats Neck, NJ 07722
VD	Lena Kyungmin Kim	1507-12 Anna Villa #102 Seocho-dong Seocho-gu	Seoul, South Korea 137-870
	<i>AND -</i>		
	<i>07519</i>	<i>31 GREEN WAY EAST</i>	
		<i>NOW HYDE PARK</i>	<i>NOW YORK</i>
			<i>11040</i>

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: *William Castner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM CASTNER

4-12-2006

Date

917.208.5197

Daytime Phone #