

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 NOV -7 PM 1:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V72049**

1. Corporation Name
THE COUNTRY CLUB OF OCALA, INC.

Principal Place of Business
 6823 SE 12TH CIR
 OCALA FL 33480
 US

Mailing Address
 PO BOX 4016
 OCALA FL 34478



REINSTATEMENT 97

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

2. Now Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/19/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3154112	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	WEST, DUKE	1502 SW 42ND STREET	OCALA FL
V	WOLLETT, FREDRIC C	5105 SE 14TH PL.	OCALA FL 34471
S	JANK, MARK	219 SE 45 TERR.	OCALA FL 34471
T	MCDANIELS, MICHAEL	1517 SE 24TH TERRACE	OCALA FL

500002345005-8
 -11/12/97-01093-023
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

PEEK, ALBERT B
 1111 N.E. 25TH AVE.
 SUITE 503
 OCALA FL 34470

9. Name and Address of New Registered Agent

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 *[Signature]*
 RE GISTRE D AGENT MUST SIGN

Date **11/5/97**

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: *[Signature]* **B. Duke West** 11/5/97 137-6694
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (8/97)