

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 APR -1 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 95000088607

1. Corporation Name

TALL PINES RANCH & RESORT, INC.

2. Principal Office Address

6770 SR 207

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 182

Suite, Apt. #, etc.

City & State

ELKTON, Florida

City & State

HASTINGS, Florida

Zip

Country

32145-0182

Zip

Country

32145-0182

REINSTATEMENT 97-02

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-95

5. FEI Number

59-3363007

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

Joseph Virga

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

6770 SR 207

Suite, Apt. #, Etc.

200005283022-9

04/16/02-0106-014

***1358.75 ***1358.75

City

ELKTON

State
FL

Zip Code

32033

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

Joseph Virga

REGISTERED AGENT MUST SIGN

Date

4/1/02

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
DT	VIVIAN VIRGA	6770 SR 207	ELKTON, FL 32145
DP	Joseph Virga	6770 SR 207	ELKTON, FL 32145

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:

Joseph Virga President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02 904
6923702
Date Daytime Phone #

CR2E081 (9/01)