

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

02 DEC -4 PM 4:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000063966**

1. Corporation Name

HOWEY HILLS RESORT HOLDING CORPORATION

Principal Place of Business

9551 BRIDGENEW DR.
 HOWEY IN THE HILLS FL 34737

Mailing Address

~~PO BOX 88~~ **PETER J**
~~HOWEY IN THE HILLS FL 34737~~ **McDERMOTT**



60-23 KRICHERBUCKEN ROAD
DUMONT N.J. 07628

REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable **NO**
60-23 KRICHERBUCKEN

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3587809

Applied For

Not Applicable

City & State

DUMONT N.J.

City & State

Zip

07628

Country

USA

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	EASTER, JERRY	26935 BELLA VISTA BLVD, HWY 48	HOWEY IN THE HILLS FL 34737
	PETER J McDERMOTT	60-23 KRICHERBUCKEN ROAD	DUMONT N.J. 07628

900009344809
 12/04/02--01003--029 **750.00

8. Name and Address of Current Registered Agent

MCDERMOTT, PETER
 26935 BELLA VISTA BLVD, HWY 48
 HOWEY IN THE HILLS FL 34737

9. Name and Address of New Registered Agent

Name **PETER MCDERMOTT**
 Street Address (P.O. Box Number is Not Acceptable) **60-23 KRICHERBUCKEN ROAD**
 Suite, Apt. #, Etc.
 City **DUMONT NJ** State **NJ** Zip Code **07628**

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. or 617.0505, F.S.

Signature of Registered Agent
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **11/20/02**

11. 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/20/02**
 Daytime Phone #

CR2EC040 (8/02)