PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
REINSUATEMENT	
REINSTATEMENT	

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000023333

1. Corporation Name

SNOOKBUSH HOTEL, INC.

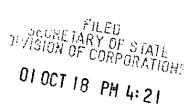
Principal Place of Business

Mailing Address

200 WIFIRST ST SANF- 3D FL 32771

SIGNATURE:

200 W FIRST ST SANFORD FL 32771





If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili		ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/28/2000				
City & State City & State		30x.4848		5. FEI Number 59-3643808		<u> </u>	Applied For		
Sanfor Zip 32771	rd, FL Country USA	Sanford Zip 32772-4		Country USA		6. CERTIFICATI	E OF STATUS DESIRED [\$8.75 Addi for a Cei	itional Fee required rtificate of Status
7. Names	and Street Addresses of Each Officer and/e	or Director (Flo	rida nonprof	it corporat	tions must list at lea	ast 3 directors)			
Title(s)				Street Address of Each Officer and/or Director			City / State / Zip		
D= D/P	WHIGHAM, FRANK C 200 W FIRST ST = 200 W First St					iite 22	SANFORD FL 327	71	
V	DONALD REED			530 E. First St.			Sanford, FL 32771		
S	ROGER COLEMAN	900 W	900 Winderley Pl SuitelO5 Maitland, FL 32751				1		
T	HERMAN ARTHUR BURTON	107 Brierwood Dr.			Sanford, FL	32771			
						2	000046 -10/29/0 ****150). ()[N /**	129 5005 **150.00
J	8. Name and Address of Current F	Registered Age	ent			9. Name and Address of New Registered Spent			
Street Address (F 200 W FIRST ST 200 W. F					P.O. Box Number is Not Acceptable) First Street - Suite 22				
SANFO	NO FL 32111				Suite, Apt. #, Etc. Sanford, City			State Zip C	Code
10. I, being Signature o Registered	Agent	ve named corporation		1000 C		bligations of Sect	on 607.0505, F.S. Date		
this rein	that I am an officer or director or the receivestatement application, the reason for dissolve the corporation have been paid and the n	lution has been	eliminated, t	the corpor	ate name satisfies	the requirements	of section 607.0401 or	617.0401, F.S	S., that all fees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

STENSTROM, McINTOSH, COLBERT, WHIGHAM & SIMMONS, P.A. ATTORNEYS AND COUNSELLORS AT LAW

SUNTRUST BANK • SUITE 22
200 WEST FIRST STREET
POST OFFICE BOX 4848
SANFORD, FLORIDA 32772-4848
SANFORD (407) 322-2171
ORLANDO (407) 834-5119
DELAND (407) 668-1479
FAX (407) 330-2379
WWW.STENSTROM.COM

S. KIRBY MONCRIEF LONNIE N. GROOT OF COUNSEL

DOUGLAS STENSTROM KENNETH W. McINTOSH RETIRED

THOMAS E. WHIGHAM (1952-1988)

October 16, 2001

WILLIAM L. COLBERT

FRANK C. WHIGHAM

JAMES J. PARTLOW

CLAYTON D. SIMMONS

ROBERT K. McINTOSH

WILLIAM E. REISCHMANN, JR.

CATHERINE D. REISCHMANN

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Snookbush Hotel, Inc.

Gentlemen:

We have just received and are enclosing the completed Application for Reinstatement on the above corporation, together with our check made payable to the Department of State in the amount of \$150 for the Annual Report Fee.

This is a new corporation, formed February 28, 2000. The Annual Report was never received and we did not receive any follow-up notice. This Application for Reinstatement is the first mailing that we have received from the Department of State. Accordingly, we would respectfully request that the penalty fee be waived in this instance.

in or due apose confidence to the past that I have

Your consideration in this matter is appreciated.

Sincerely,

STENSTROM, McINTOSH, COLBERT, WHIGHAM & SIMMONS? P.A.

Frank C./Whigham

FCW/pwa / ... Enclosures

I:\fcw\corp\snookbush\Dept.State.Ltr