


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 FEB 25 PM 12:06</p>
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DOCUMENT #	P94000066607	
1. Corporation Name	STINE GOLF ENTERPRISES, INC.	

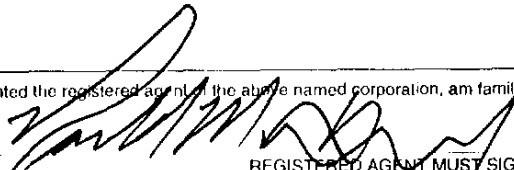
Principal Place of Business	Mailing Address
21 South Clyde Street Kissimmee, FL 34741	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
21 South Clyde ST	21 South Clyde ST	Sept. 6, 1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	5. FEI Number
Kissimmee, FL	Kissimmee, FL	Applied For
Zip	Country	Not Applicable
34741	USA	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Thomas L. Stine	2788 Kissimmee Bay Cir.	Kissimmee, FL 34744
			700002447-127-1 -03/04/98--01088--001 ***1058.75 ***1058.75
	600.00		
	96 61.25 88.75		
	97 61.25 88.75		
	98 61.25 88.75		
	8.75		

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name Ronald M. Hand, Esquire
	Street Address (P.O. Box Number is Not Acceptable) 418 W. Bryan Street
	Suite, Apt. #, Etc.
	City Kissimmee
	State FL
	Zip Code 34741

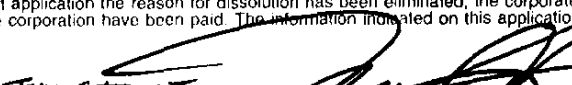
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: 2/23/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  2/23/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: TOM STINE

Date: 2/23/98

407/944-4116

Daytime Phone #

CR20040 (12/95)