
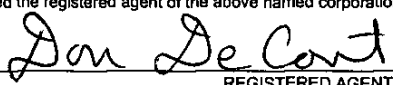
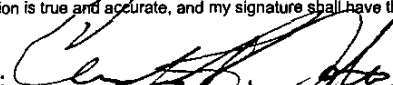


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 OCT -4 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 710098				
1. Corporation Name BUCKHORN SPRINGS GOLF AND COUNTRY CLUB, INC.				
2. Principal Office Address 2721 S. Miller Road Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 1254 Suite, Apt. #, etc.		
City & State Valrico, FL		City & State Valrico, FL		
Zip 33594	Country USA	Zip 33595	Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida DEC., 1967		
		5. FEI Number 59-1208774	Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Donald P. DeCort, P.A.				
Street Address (P.O. Box Number is Not Acceptable) 115 South Fielding Street				
Suite, Apt. #, Etc. Suite 3				
City Tampa		State FL	Zip Code 33606	
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 		Date 9/19/05		
REGISTERED AGENT MUST SIGN				
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	
P	Chadwick Nolte	P.O. Box 1622	Brandon, FL 33509-1624	
V	Mark Larsen	3621 Cold Creek Drive	Valrico, FL 33594	
S	Alan Arnoff	2620 Manor Oak Drive	Valrico, FL 33594	
T	Ron Dickey	3520 Springville Drive	Valrico, FL 33594	
D	Kenneth Young	3608 Savannah Lake Place	Valrico, FL 33594	
D	Ken Pyse	4322 Glendon Place	Valrico, FL 33594	
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: 		Date 9/20/05	Daytime Phone # (813) 689-7766	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				