PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA	TION MAINT	

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 711893

1. Corporation Name

Starke Golf and Country Club

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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2. Principal Office Address NE 16th Street Rt. 1 Box 869		3. Mailing Office Address NE 16th Street Rt. 1 Box 869		
Suite, Apt. #, etc. City & State Starke, Florida		Suite, Apt. #, etc. City & State Starke, Florida		
		7. Name	e and Address of Current Register	

4. Date Incorporated or Qualified To Do Business in Florida		
5. FEI Number	V	Applied For
59-0881494		Not Applicable

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required

7. Name and Address of Current Regist	tered Agent
Name David Elder	$\Delta n/l_{l}$
Street Address (P.O. Box Number is Not Acceptable) Rt. 1 Box 869	
Suite, Apt. #, Etc.	
City Starke	State Zip Code 32091
/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e obligations of section 607,0505 or 617,0503, F.S.

Signature o Registered	g appointed the registered agent of the above named of Agent REGISTER	12/06/2002 Date		
9. Names	s and Street Addresses of Each Officer and/or Direct	ctor (Florida nonprofit corporations must list at least 3 direc	ctors)	
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
Pres.	Kent Petelle	2673 SR 230 E	Starke, Florida 32091	
V.P.	Buford McKinney	656 Evergreen Street	Starke, Florida 32091	
Sec/Tre	James Rogers	1304 Searing Street	Starke, Florida 32091	
D	Lloyd Allen	Hwy.301 N.	Starke, Florida 32091	
D	John Boore	Rt. 1 Box 696	Starke, Florida 32091	
 D	Jim Lewis	1316 W. Madison Street	Starke, Floirda 32091	

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.

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1	GN.	TURE A	TYPED	OR PRINT	ED NAME (OF SIGNING	OFFICER,	ROIRECTOR

Daytime Phone #

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December 6, 2002

Michelle Milligan Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Document # 711893

Dear Ms. Milligan

As per our conservation I am sending this letter in an effort to explain the situation the Starke Golf and Country Club is in an why the correct paper work was not filed and checks sent. In January 2002, our bookkeeper died and I began to try and do the books for the golf course. Janice our previous bookkeeper did most of our business on-line. I did not know about the UBR until recently when we tried to get a loan and found we could not get one because no UBR was filed. Our president, Kent Petelle, brought me a UBR for 2000 and said this is what we need to send to Tallahassee. I am so sorry for this mix up. I am enclosing a check for \$70.00 to cover our cost and certification of being reinstated. Thank you again for all your help in this matter and if there is anything else I need to do or any further cost please let me know so I can get this matter straightened out as soon as possible. You can reach me at (904) 964-1515 or at Sun Com 863-1515. I am here from 8:00 to 5:00 Monday through Friday.

Thank you again,

Nancy Alvarez

(904) 964-1515