

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

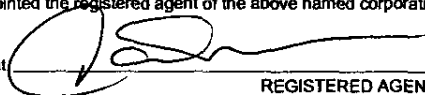
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REINSTATEMENT 89-03


<b>CORPORATION REINSTATEMENT</b>				 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 715756</b>					
<b>1. Corporation Name</b> Gate City Golf Association, Inc.					
<b>2. Principal Office Address</b> 6727 Hema Rd Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> 6727 Hema Rd Suite, Apt. #, etc.		
City & State Jacksonville, FL			City & State Jacksonville, FL		
Zip 32209	Country USA	Zip 32209	Country USA		

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/18/1968	
<b>5. FEI Number</b> 591698491	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name James Granger		
Street Address (P.O. Box Number is Not Acceptable) DARLINGTON 36 8814 Darling Drive		
Suite, Apt. #, Etc.		
City Jacksonville	State FL	Zip Code 32208

<b>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.</b>	
Signature of Registered Agent 	Date 8/31/03
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	James Granger	DARLINGTON 36 8814 Darling Drive	Jacksonville, FL 32208
VD	James Crawford	5636 International Drive	Jacksonville, FL 32219
RS	Charles Haynes	8767 Norfolk Blvd.	Jacksonville, FL 32208
FS	Matthew Taylor	530 Dandelion Drive	Jacksonville, FL 32259
TD	Fleming Albertie	7142 New Kings Road	Jacksonville, FL 32219

<b>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.</b>		
SIGNATURE: 	Date 8/31/03	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E081 (10/02)

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