

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -2 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 824197

1. Corporation Name

SANWATER RESORTS CORPORATION

200003171602--8

-03/15/00--01098--022

****908.75 ****908.75

Principal Place of Business

2400 CRESTMOOR ROAD
NASHVILLE TN 37215

Mailing Address

2400 CRESTMOOR ROAD
NASHVILLE TN 37215

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 Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-0809130

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	City / State / Zip
P	BLACKBURN, GEORGE	2400 CRESTMOOR ROAD	NASHVILLE FL
ST	LECKRONE, DAVE	2400 CRESTMOOR ROAD	NASHVILLE TN
D	BLACKBURN, GEORGE M JR	2400 CRESTMOOR RD	NASHVILLE TN
D	TILFORD, HENRY	2400 CRESTMOOR RD	NASHVILLE TN
D	FORTE, ARTHUR G II	2400 CRESTMOOR RD	NASHVILLE TN

8. Name and Address of Current Registered Agent

JOHNSON, SCOTT J.
2 SOUTH ORANGE PLAZA
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

GEORGE M. BLACKBURN II

Street Address (P.O. Box Number is Not Acceptable)

122 EAST TULEMAN AVENUE

Suite, Apt. #, Etc.

City

LAKE WALES

State

FL

Zip Code

33853

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

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date NOVEMBER 2, 1999

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE M. BLACKBURN 11/02/99

Date

Daytime Phone #

(615) 244-5237

KE

CR2E040 (8/99)