


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G98049		
1. Entity Name ROLAND STAFFORD GOLF SCHOOL, INC.		

FILED

04 NOV -9 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 201 OCEAN KEY WAY JUPITER, FL 33477 US	Mailing Address 201 OCEAN KEY WAY JUPITER, FL 33477 US
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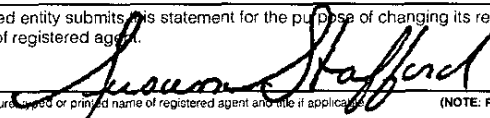
2. Principal Place of Business Suite, Apt. #, etc.:	3. Mailing Address 5748 State Rt 23 Suite, Apt. #, etc.:
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10262004 REIN-P CR2E098 (6/04)

City & State Windham NY	4. FEI Number 59-2404054	Applied For Not Applicable
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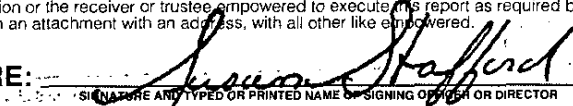
Zip 12496	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STAFFORD, SUSAN P 201 OCEAN KEY WAY JUPITER, FL 33477		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	Susan Stafford 10/28/04 DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSP STAFFORD, SUSAN P. 201 OCEAN KEY WAY JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042605564 11/09/04--01065--014 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Susan Stafford 518 734 5291 Date 10/28/04 Daytime Phone #