PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM D APPLICATION FLORIDA DEPARTMENT OF STATE Sendre B. Mortham Secretary of State DIVISION OF CORPORATIONS DOCUMENT # L59847 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM D AND Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE

1. Corporation Name ROSEMONT GOLF & COUNTRY CLUB OF ORLANDO, INC.					MECAHASSEF, FLORIDA			
Principal Place of Business 4224 CLUBHOUSE RD. ORLANDO FL 32808 If above addresses are incorrect in any way, line the		4224 CLL ORLANDO	Malling Address 4224 CLUBHOUSE RD. ORLANDO FL 32808 Frough incorrect information and enter correction below.					
	Incipal Office Address, If Applicable #, etc.	3. Now M	Now Malling Office Address, If Applicable Sulto, Apt. #, etc. City & Steto			4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 59-3002909 Applied For Not Applicable		
Zip Country		Zip	Country		6. CERTIFIC			
7. Names and Street Addresses of Each Officer and/or Director Title(s) 1 P CHANG, DALE U.			(Florida nonprofit corporations must list at least 3 directions of Each Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers					
			####750.00 *### REINSTATEMENT				00 ****750.00	
	8. Name and Address of Cur	rent Registered	Agent		9. Name an	d Address of New Registers	ed Agent	
110 N	RENTICE-HALL CORPORATION . MAGNOLIA DR. HASSEE FL 32301		Name Hunter's Orlando, Inc. Street Address (P.O. Box Number is Not Acceptable) 14401 Sports Club Way Suite, Apt. #, Etc. City State Zip Code					
10. I, being Signature o Registered	g appointed the registered agent of the Agent	war		Orlando		ection 607.0505, F.S.	L 32 <u>837</u>	
	is corporation owes of angible Personal Prop			ear Yes 🗓	No 🗆		side for information itangible tax.)	

12. 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 filling 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 each.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR

12/4/97 (407)290-0336