


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N13656		
1. Entity Name OLD SPANISH TRAIL SHRINE CLUB HOLDING CORPORATION		

Principal Place of Business HWY 90 W CRESTVIEW, FL 32536 US	Mailing Address 971 W. JAMES LEE CRESTVIEW, FL 32536 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent DUMPERT, LARRY 129 PINAOK CT. CRESTVIEW, FL 32539	
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7. Name and Address of New Registered Agent Name KUPFER, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 114 KIPLING DR. City CRESTVIEW FL Zip Code 32539	
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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.	
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SIGNATURE  RICHARD J. KUPFER	DATE 10-23-05
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FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUMPERT, LARRY 129 PINOAK COURT CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILCHRIST, ED 5341 CONSTITUTION RD. CRESTVIEW, FL 32539 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUPFER, RICH 114 KIPLING DR. CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KUPFER, RICHARD J. 114 KIPLING DR. CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 617, 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.	
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SIGNATURE:  RICHARD J. KUPFER	DATE 10-23-05	DAYTIME PHONE # 850-609-1425
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FILED

2005 OCT 25 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10092005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-1174237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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