


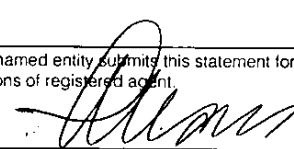
# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N38391</b>			
1. Entity Name GRASSLANDS GOLF & COUNTRY CLUB, INC.			
Principal Place of Business 1600 GRASSLANDS BLVD. LAKE LAND, FL 33803		Mailing Address 1600 GRASSLANDS BLVD. LAKE LAND, FL 33803	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
07 OCT 22 PM 3: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

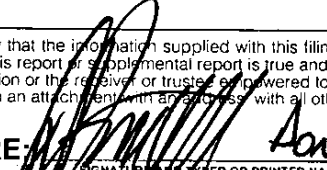


<b>REINSTATEMENT</b>	
10052007	03/10/09 (1/07) 07
4. FEI Number 59-3012740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MASS, LEONARD 3604 HARDEN BLVD LAKE LAND, FL 33803		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  PRESIDENT		DATE: 10-19-07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2008, Fee will be \$297.50	<b>Make check payable to</b> Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS STILLWELL, JACK 530 BEACON PKWY WEST BIRMINGHAM, AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100110745711 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/12/07--01070--005 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMELTZLY, HALL 815 WHITE STONE CT LAKE LAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$710/23 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIBLER, D. BURKE III 92 LAKE WIRE DR. LAKE LAND, FL <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	T FUSSELL, DONALD R 3604 HARDEN BLVD LAKE LAND, FL 33803 <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	PD MASS, LEONARD 3604 HARDEN BLVD. LAKE LAND, FL 33805 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
SIGNATURE:  DONALD R. FUSSELL, TREASURER	Date: 10/5/07 (863) 682-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	