

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**

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



DOCUMENT # **N39323**

1. Corporation Name
Glen Eagle Golf + Country Club Inc.

Principal Place of Business / Mailing Address
**1403 Glen Eagle Boulevard
 Naples, Florida 34104**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: **same**
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable: **same**
 Suite, Apt. #, etc.
 City & State
 Zip Country

FILED
'99 NOV 16 PM 12:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT **GA**

4. Date Incorporated or Qualified To Do Business in Florida: **8/01/90**

5. FEI Number: **65-0217318**

6. CERTIFICATE OF STATUS DESIRED **SP**

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Roy Ramsey D	1403 Glen Eagle Blvd.	Naples, FL 34104
SOT	Cora DiFiore D	1403 Glen Eagle Blvd.	Naples, FL 34104
Tres.	Patrick Malooly D	1403 Glen Eagle Blvd.	Naples, Fla. 34104

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8. Name and Address of Current Registered Agent
**James Tackett
 1152 Goodlette Rd
 Naples, FL 34102**

9. Name and Address of New Registered Agent
 Name: **Roy Ramsey**
 Street Address (P.O. Box Number is Not Acceptable): **1403 Glen Eagle Blvd.**
 Suite, Apt. #, Etc.: **Naples**
 City: **Naples** State: **FL** Zip Code: **34104**

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

Signature of Registered Agent: **[Signature]** Date: **10/19/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible 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 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]** Date: **10/19/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFC2081 (12/98)