

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 30 AM 11:47

DOCUMENT # N40272

1. Corporation Name
VENICE GOLF AND COUNTRY CLUB #1, INC.

W0400035735

REINSTATEMENT 03-04

Principal Place of Business	Mailing Address
250 VENICE GOLF CLUB DR VENICE FL 34292 US	250 VENICE GOLF CLUB DR VENICE FL 34292 US

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



2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida	10/01/1990
5. FEI Number	65-0223681
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	CORNELIUS, WILLIAM E <i>Monk, Lester</i>	250 VENICE GOLF CLUB DR	VENICE FL 34292
DVP	LACEY, JACK <i>Rolin, William</i>	250 VENICE GOLF CLUB DR	VENICE FL 34292
DS	GREEN, WILLIAM J <i>Haase, William</i>	2580 VENICE GOLF CLUB DR	VENICE FL 34292
DT	MARSCHALL, PAUL <i>Hill, Meri</i>	250 VENICE GOLF CLUB DR	VENICE FL 34292
			000041325020 09/24/04--01067--001 **236.25
			000041325020 10/05/04--01077--002 **70.00

8. Name and Address of Current Registered Agent

Monk, Lester
~~GREEN, WILLIAM J~~
250 VENICE GOLF CLUB DR
VENICE FL 34292

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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. or 617.0505, F.S.

Signature of Registered Agent: *Lester Monk*
Date: 9/23/04

REGISTERED AGENT MUST SIGN

11. 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: *Lester Monk*
Date: 9/23/04 Daytime Phone #: (941) 492-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lester Monk President

CR2E040 (7/03)