



# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N94000004829</b> 1. Entity Name <b>SANDHILL HUNT CLUB, INC.</b>						<b>FILED</b> <b>05 JAN 24 AM 11:27</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1680 FOXHUNTER GRADE PERRY, FL 32347 US</b>				Mailing Address <b>P.O BOX 1405 PERRY, FL 32348 US</b>			
2. Principal Place of Business		3. Mailing Address				12152004 REIN-NP CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>59-3271052</b>				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JEFF, ASHER 1680 FOXHUNTER GRADE PERRY, FL 32347</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1680 FOXHUNTER GRADE</b> City <b>FL</b> 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 <u>Jeff Asher</u> <b>Jeff Asher Treasurer</b> <u>01/20/05</u> <small>Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWAIN, ROBERT 4051 U.S. 19 SOUTH PERRY, FL 32348	<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	DV DIXON, JOHN L 2920 JODY MORGAN ROAD PERRY, FL 32347	<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	DT ASHER, JEFF 1680 FOXHUNTER GR PERRY, FL 32348	<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	DP MOCK, ASHLEY 12680 WARRIOR CREEK ROAD PERRY, FL 32348	<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	D ANDERSON, DANNY 321 OAK LANE PERRY, FL 32347	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRAWDY, BEN SR P.O BOX 44 N/A PERRY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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 another like empowered.				<b>100046288051</b> <b>02/10/05--01002--017 **297.50</b>			
SIGNATURE: <u>Jeff Asher</u> <b>Jeff Asher Treasurer</b> <u>01/20/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>01/20/05</u> Daytime Phone # <u>850 578-2000</u>			