

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # N96000002174

1. Corporation Name

ERROL COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

1355 ERROL PARKWAY
APOPKA FL 32712
US

1355 ERROL PARKWAY
APOPKA FL 32712
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

FILED
00 NOV 20 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1996

5. FEI Number

59-3414329

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	BRUECK, CARL	1355 ERROL PKWY	APOPKA FL 32712
DS	COLLING, ELIZABETH Eugene Williams	1355 ERROL PKWY	TALLAHASSEE FL 32712 APOPKA
DT	NIGOLS, OTTO Edward Hirschberg	1355 ERROL PKWY	APOPKA FL 32712
D	MOUNTCASTLE, RON Delete	1355 ERROL PKWY	APOPKA FL 32712
DV	Kenneth Fletcher	1355 ERROL PKWY	APOPKA FL 32712

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLLING, LEE J ESQ
~~FIRST UNION TOWER - SUITE 700~~
~~28 NORTH ORANGE AVENUE~~
ORLANDO FL ~~32804~~ 32803

1920 E. Robinson St.

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Lee J. Colling
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-16-00

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:

Carl W. Brueck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/00

Date

407-886-5000

Daytime Phone #

CR2E040 (8/00)

KB