


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p>APPLICATION FOR REINSTATEMENT</p>		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">APPROVED AND FILED</p> <p style="text-align: center;">1996 DEC -6 PM 12:49</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # P92000001909</p> <p>1 Corporation Name DeBary Golf & Country Club, Inc.</p>				<p>800002025208--8 -12/10/96--01151--013 ***375.00 ***375.00</p>																													
<p>Principal Place of Business Mailing Address</p>																																	
<p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																																	
<p>2 New Principal Office Address, If Applicable 2600 Douglas Rd Suite, Apt. #, etc. #803 City & State Coral Gables, FL Zip 33134 Country USA</p>		<p>3 New Mailing Address, If Applicable 2600 Douglas Rd Suite, Apt. #, etc. #803 City & State Coral Gables, FL Zip 33134 Country USA</p>		<p>4 Date Incorporated or Qualified To Do Business in Florida 11/4/92</p> <p>5 FEI Number 65-0365911</p> <p>6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 58.75 Additional Fee required for a Certificate of Status</p>																													
<p>7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Vernon, William G.</td> <td>3460 Flamingo Ave</td> <td>Sarasota, FL 34242</td> </tr> <tr> <td>ST</td> <td>Vernon, Jane D.</td> <td>3460 Flamingo Ave</td> <td>Sarasota, FL 34242</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						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	P	Vernon, William G.	3460 Flamingo Ave	Sarasota, FL 34242	ST	Vernon, Jane D.	3460 Flamingo Ave	Sarasota, FL 34242																
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<p>8. Name and Address of Current Registered Agent</p> <p>Vernon, Jane D.</p>			<p>9. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Rd</p> <p>Suite, Apt. #, Etc. #803</p> <p>City Coral Gables State FL Zip Code 33134</p>																														
<p>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.</p> <p>Signature of Registered Agent Jane D. Vernon Date 12/4/96</p> <p style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																	
<p>12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																	
<p>SIGNATURE: Jane D. Vernon JANE D. VERNON Date 12/4/96 Daytime Phone # (305) 448-1070</p> <p style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>																																	

CR2E040 (12/95)