2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000054423

Entity Name: FLORIDA GOLF PROPERTIES, INC.

FILED Oct 27, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3305 WEST OAK STREET LEBANON, PA 17042				3350 WEST OAK STREET LEBANON, PA 17042			
Current Mailing Address:				New Mailing Address:			
	T OAK STREET PA 17042	Г		3350 WEST LEBANON,	TOAK STREE PA 17042	ĒΤ	
FEI Number:	65-0677691	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MAYS, R. DANIEL 14610 SW 64TH COURT MIAMI, FL 33158 US				GELBKE, MARC 5601 NW ST. JAMES BLVD PORT ST. LUCIE, FL 34983 US			
The above in the State		ubmits this statement for the purp	pose of	f changing it	s registered o	ffice or registered agent, or both,	
SIGNATUR	E: MARC GE	LBKE				10/27/2004	
	Electroni	Signature of Registered Agent				Date	
		(2)(b), F.S., the corporation did not re Trust Fund Contribution().	eceive th	he prior notice	e.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PCCO (X) GARCHIK, STEP 3305 WEST OAK LEBANON, PA 1	STREET		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CCEO (X) MAYS, R. DANIE 14610 SW 64TH MIAMI, FL 3315	COURT		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PCOO () I CAPORALETTI, 3305 WEST OAK LEBANON, PA 1	STREET		Title: Name: Address: City-St-Zip:	PCOO (X) CAPORALETTI, 3350 WEST OA LEBANON, PA	AK STREET	
Title: Name: Address: City-St-Zip:	V (X) BONUS, ANDRE 3305 WEST OAK LEBANON, PA 1	STREET		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	V (X) ARMEL, MICHAE 3305 WEST OAK LEBANON, PA 1	STREET		Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	S () I LEAHY, WILLIAN 16850 SUDLEY CENTREVILLE, N	ROAD		Title: Name: Address: City-St-Zip:	()	Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CAPORALETTI PCOO 10/27/2004