

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -5 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000104333

1. Corporation Name

GOLDEN OCALA REAL ESTATE, INC.

Principal Place of Business

7300 U.S. HIGHWAY 27 N.W.
OCALA FL 34482

Mailing Address

7300 U.S. HIGHWAY 27 N.W.
OCALA FL 34482

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/04/1997

5. FEI Number

59-3493924

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	MARYANN MOORE	7300 US HWY 27 NW	OCALA FL 34482
VTD	ALLAN FEKER	7300 US HWY 27 NW	OCALA FL 34482
			100003037121-4 -11/05/99--01100--001 ***3000.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

GARDNER, J. STEPHEN
200 SOUTH FRANKLIN STREET
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name: ALLAN FEKER
Street Address (P.O. Box Number is Not Acceptable): 1 Beagles Rest
Suite, Apt. #, Etc.:
City: ORMOND BEACH State: FL Zip Code: 32174

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 11/2/99

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
ALLAN FEKER

Date

11/2/99

Daytime Phone #

352
629-6229

CR20240 (8/99)