

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 375.00

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 30 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S93958

1. Corporation Name
SUMMERBROOKE GOLF COURSE, INC.

Principal Place of Business Mailing Address
7505 Preservation Road 5430 Links Lane
Tallahassee, Florida 32312 Tallahassee, Florida

REINSTATEMENT *91e*

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

November 14, 1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

#59-3104980

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip Country Zip Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Eugene F. Ryer	5430 Links Lane	Zephyrhills, Florida 33541
V	Dean J. Refram	7505 Preservation Road	Tallahassee, Florida
SD	William J. Najam, Jr. <i>WJN</i>	5 Lathrop Avenue <i>WJN</i>	Westfield, Massachusetts
TD	Barbara Refram	Foxhunt Drive	Wesley Chapel, Florida
			<i>JB12-31-96</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Eugene F. Ryer
5430 Links Lane
Zephyrhills, Florida 33541

Name

Street Address (P.O. Box Number) *904892049789--8*

-01/08/97--01014--009

Suite, Apt. #, Etc.

***375.00 ***375.00

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 *[Signature]* Eugene F. Ryer, President
REGISTERED AGENT MUST SIGN

Date *12-16-96*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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.

SIGNATURE: *[Signature]* Eugene F. Ryer, President *12-16-96* 904-894-4653
SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22040 (2/85)