PLEASE READ A	ALL INSTRUCTIONS	BEFORE CO	MPLETING TH	S.FORM.	,
APPLICATION  197-198 FOR ANNUAL REPORT	FLORIDA DEPARTMENT OF STA  Sandra B. Mortham  Secretary of Single  DIVISION OF COMPORATIONS		AND FILED		
DOCUMENT # 593958  1. Corporation Name  SUMMERBROOKE GOLF COURSE, INC.			1998 FED 1.6 AM 10: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 7505 PRESERVATION: R TAMAHASSEE, FL 323	Mailing Address  SAME				
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			Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number		
City & State	City & State		<u>59-315742</u>		Not Applicable
7. Names and Street Addresses of Each Officer and/o	Zip Country		CERTIFICATE OF STATUS D		tificate of Status
PRES. EUGENE F, RYER VICE DEAN J. RIFRAN SEC WILLIAM J. NAJA TRUS. BARBARA REFR	3 (DO NOT US 5436 LI) M 7505 PR M, JR. 5 LATT	icer and/or Director se Post Office Box Nun  VKS LANE  LESELVATION  HROP AVE  T DR.	2EAA RA JAWAH , WESTF WESTF 50000 -02/	City/State/Zip  WRHIUS FC  MASSUE FC  HELD MA  WY CHAPUL,  243431  18/3801072  *165.00 ****	33541 32312 61086 FL 59
B. Name and Address of Current Registered Agent  Name  Eugene F. Ryer			. Name and Address of No	w Registered Agent	986
5430 Links Lane Zephyrills, FL. 33541	Street Address (P.O. Box Number is Not Acceptable)  500024343159  Suite, Apt. #. Etc02/18/9801072002  *****150 00 ******150.00  City State Zip Code				
10. It being appointed the registered agent of the above	e named corporation, am familiar wit	th and accept the oblig	ations of Section 607.0505,	F.S.	
Signature of Registered Agent REC	SISTERED AGENT MUST SIGN		Date	200	16-48
11. Does this corporation pay an Dept. of Revenue under S. 1	ny intangible tax to the	e utes. Yes	No⊠	(See other side for info on intangible tax	
12. 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: 3-5-98 8/3-28-4153 SIGNATURE: Date Dayline Phone #					



## 7505 Preservation Road • Tallahassee, Florida 32312 904-894-GOLF • 904-894-PUTT • Fax 904-894-8633

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS ATTN: SAMMY CALDWELL

THIS LETTER IS PER OUR CONVERSATION ON 02/03/1998. IT IS APPARENT THAT SUMMERBROOKE GOLF COURSE DID NOT RECEIVE THE NECESSARY INFORMATION REGARDING OUR ANNUAL RETURN. I HAVE ENCLOSED TWO CHECKS FOR OUR ANNUAL RETURNS FOR 1997 & 1998. ALSO ENCLOSED ARE TWO CHECKS FOR OUR ANNUAL RETURN FOR THE LIMITED PARTNERSHIP. THANK YOU FOR YOUR ASSISTANCE REGARDING THIS MATTER. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL ME AT 894-4653.

PLEASE SEND FUTURE RETURNS TO: SUMMERBROOKE GOLF COURSE 7505 PRESERVATION RD. TALLAHASSEE, FL. 32312

THANK YOU,

SA Fak

SAM FUNDERBURK GENERAL MANAGER