

APPLICATION FOR REINSTATEMENT



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

FILED
 99 MAR 17 PM 2:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000039051
 1. Corporation Name
Brassie Golf Management Services, Inc.

Principal Place of Business Mailing Address
Kierland Executive Center
7025 E. Greenway Parkway Suite 800
Scottsdale, AZ 85254
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98-99
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2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suff. Apt. #, etc.		Suff. Apt. #, etc.		5-17-95	
City & State		City & State		5. FEI Number	
Zip		Country		58-2180666	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	* T. Marney Edwards	7025 E. Greenway Pkwy Suite 800	Scottsdale, AZ 85254
Treas.			
V. Pres.	Elliot Lewis	7025 E. Greenway Pkwy Suite 800	Scottsdale, AZ 85254
Sec.			
	* The above is the sole director		

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
David Crowell 5806-A Breckenridge Pkwy Tampa, FL 33610		Name CT Corporation Systems Street Address (P.O. Box Number is Not Acceptable) 660 East Jefferson Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301	

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 Donnie Bryan **DONNIE BRYAN**
 SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN Date 3/17/99

11. 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)

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: [Signature] **T. Marney Edwards** 3/16/99 Date
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 (602) 824-6000 Daytime Phone #