


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 23 PM 1:47

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P9600077308</b>			
1. Corporation Name <b>SABAL GOLF OF WEST FLORIDA, CORP.</b>			
2. Principal Office Address <b>255 EAST FLAGLER ST.</b>		3. Mailing Office Address <b>3347 SABAL SPRINGS BLVD.</b>	
Suits, Apt. #, etc. <b>N/A</b>		Suits, Apt. #, etc. <b>N/A</b>	
City & State <b>MIAMI FL, 33131</b>		City & State <b>N. FORT MYERS, FL</b>	
Zip <b>33131</b>	Country <b>U.S.</b>	Zip <b>33917</b>	Country <b>U.S.</b>

REINSTATEMENT *00*

4. Date Incorporated or Qualified To Do Business in Florida <b>09-16-96</b>	
5. FEI Number <b>65-0980772</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SU75 Additional Fee required in a Certificate of Status</small>	

7. Name and Address of Current Registered Agent	
Name <b>JOSEPH SHOMAR</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5190 NW 167TH ST STE#111</b>	
Suits, Apt. #, Etc. <b>SUITE#111</b>	
City <b>MIAMI</b>	State <b>FL</b>
	Zip Code <b>33014</b>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0505, F.S.

Signature of Registered Agent: *Joseph Shomar* Date: **10-18-00**

REGISTERED AGENT MUST SIGN

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KARIM, JEBAI P	3347 SABAL SPRINGS BLVD.	N. FORT MYERS FL, 33917
VP	CLARAMONTE, FATIMA J	255 EAST FLAGLER ST. STE300	MIAMI FL, 33131
S	LOPEZ, MARIA ELENA E	255 EAST FLAGLER ST	MIAMI FL, 33131

90. 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)(f), 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: *Karim, Jebai - President* Date: **10/19/00** (941) 731-2191

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

*AD*

**Florida Department of State**  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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Division of Corporations  
Fax Number : (850)922-4004

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**CORPORATION REINSTATEMENT**

**SABAL GOLF OF WEST FLORIDA CORP.**

Certificate of Status	1
Certified Copy	0
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