PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION REINSTATEMENT**

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

DOCUMENT # 750126

**1.** Corporation Name
Palm Aire Mens Golf Ass. Inc.

REINSTATEMENT 01

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| C/O Jack Levy | 3510 Oaks Way |
| Suite, Apt. #, etc. Apt 708 | Suite, Apt. #, etc. Apt 708 |
| City & State Pompano Beach Florida | City & State Pompano Beach Fla |
| Zip 33069 Country Broward | Zip 33069 Country Broward |

**4.** Date Incorporated or Qualified To Do Business in Florida 12/10/79

**5.** FEI Number 592129792 ☐ Applied For ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name: Dr. Jack L. Levy

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-01/10/02--01058--007
****245.00 ****245.00

Street Address (P.O. Box Number is Not Acceptable): 3510 Oaks Way

Suite, Apt. #, Etc.: Apt 708

City: Pompano Beach | State: FL | Zip Code: 33069

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Dr. Jack L. Levy (REGISTERED AGENT MUST SIGN) Date: 12/3/2001

CR2E081 (9/00)

**9.** Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| Pres. | Dr. Martin Forrest (D) | 2681 S. Course Drive | Apt 611 Pompano Beach FL 33069 |
| V. Pres | Marvin Rossof (D) | 3507 Oaks Way | Apt 207 Pompano Beach FL 33069 |
| Sec. | Robert Hexter (D) | 3051 W. Course Drive | Apt 706 Pompano Beach FL 33069 |
| Treas. | Dr. Jack L. Levy (D) | 3510 Oaks Way | Apt 708 Pompano Beach FL 33069 |
| | | | |
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**10.** 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:** Dr. Jack L. Levy 12/3/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #