PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT

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

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J18606

1. Corporation Name

THE FLORIDA GOLF SCHOOL, INC.

2. Principal Office Address	3. Mailing Office Address
1295 SE PORT ST LUCIE BLVD	1295 SE PORT ST LUCIE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST LUCIE FL	City & State: PORT ST LUCIE FL
Zip: 34952 Country: USA	Zip: 34952 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/10/1986

5. FEI Number: 59-2721851 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GEOFF BRYANT

Street Address (P.O. Box Number is Not Acceptable): 1295 SE PORT ST LUCIE BLVD

800004703768--6
-12/04/01--01034-020
****158.75 ****158.75

Suite, Apt. #, Etc.

City: PORT ST LUCIE State: FL Zip Code: 34952

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: X _____ Date: 10/30/01
REGISTERED AGENT MUST SIGN

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
PTSD	BRYANT, GEOFFREY	1295 SE PORT ST. LUCIE BLVD.	PORT ST. LUCIE 34952
			FL/LS

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: X _____ 10/30/01 561-335-3820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Corporate Headquarters
1295 S.E. Port St. Lucie Blvd.
Port St. Lucie, Florida 34952

October 30, 20

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please find enclosed a Corporation Reinstatement form and also a Statement of Change of Registered Agent.

Please note that as per instructions, we are writing to inform you that we did not receive any previous Annual Business Reports or notices. We believe this to be the case as we have moved to a new office and have not been working with our previous registered agent for quite some time that in the past has handled this for us. Our new address and new agent are listed on the application.

Also, as per instructions, we have completed the application and included two checks. The first is the corporation fee of $150 + $8.75 for the Certificate of Status. The second is in the amount of $35 for the change of agent fee.

Please contact us if any further information is required.

Sincerely,

Geoff Bryant
President

1-800-365-6640 • (561) 335-3815 • Fax (561) 335-3822
E-Mail: info@afgs.com • www.afgs.com