

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 22 AM 8:31

DOCUMENT # N01000002290

1. Corporation Name

TEE-LO GOLF INC.

2. Principal Office Address - No P.O. Box #

4717 S CONWAY RD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32812

Country

US

3. Mailing Office Address

PO BOX 618324

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32861

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/28/2004

5. FEI Number

59-3735699

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

DOLORES GARNETT

Street Address (P.O. Box Number is Not Acceptable)

4717 S CONWAY RD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32812

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Dolores Garnett

Date 1-1-10

REGISTERED AGENT MUST SIGN

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
D	Steffen Magnell	6743 S. 99th Street	Cottage Grove, MN 55016
D	Dr. Robert Allen	7231 Hiawassee Oak Dr.	Orlando, FL 32818
D	Al Anthony	5006 Shoshone Street	Orlando, FL 32819
O	Otis Windham	1144 Balley Shannon Rd.	Orlando, FL 32858
O	Robert A. Biggers	4717 S. Conway Rd.	Orlando, FL 32812

10. E-mail Address: TeeLoGolf@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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: *Robert A. Biggers* Robert A. Biggers Pres/Founder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-10

Date

407-836-3277

Daytime Phone #