

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN -9 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000055682**

1. Corporation Name

Tee Bone Golf, Inc.

2. Principal Office Address

3. Mailing Office Address

4101 Ravenswood Road

4101 Ravenswood Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 402

Suite 402

City & State

City & State

Ft. Lauderdale, FL.

Ft. Lauderdale, FL.

Zip

Country

Zip

Country

33312

U.S.A.

33312

U.S.A.

REINSTATEMENT

01-01

4. Date Incorporated or Qualified
To Do Business in Florida

SP

5. FEI Number

65-0932116

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert H. Larsen

600003554336--6

-01/18/01--01095--001

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

4101 Ravenswood Rd.

******708.75 ****708.75**

Suite, Apt. #, Etc.

Suite 402

600003554336--6

-01/18/01--01095--002

City

Ft. Lauderdale

State

FL

Zip Code

33312

******50.00 ****50.00**

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

Robert H. Larsen
REGISTERED AGENT MUST SIGN

Date **12/18/00**

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 |
|--------|--------------------------------------|---|---------------------------|
| P/S/D | Robert H. Larsen | 4101 Ravenswood Rd., Ste. 402 | Ft. Lauderdale, FL. 33312 |
| | | | |
| | | | |
| | | | |
| | | | |

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******150.00 ****150.00**

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:

Robert H. Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/00

Daytime Phone #

(954) 581-8803

CR2E081 (9/99)