

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 715302

1. Corporation Name

Junior Golf Association of Broward County, Inc.

W99-6533

Principal Place of Business

Mailing Address

6550 N. Federal Hwy. #220  
Ft. Lauderdale, FL 33308-1404

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3
P	Paula Amorillo	D 11023 NW 54 Ct.
VP	Wayne McKinney	D 419 NW 13 Drive
S/T	Alfred C. Latimer	D 7801 Woodridge Dr. S
		D = DIRECTOR

000002827360-5

-04/01/98-001118-020  
\*\*\*\*306.25 \*\*\*\*306.25

Coral Springs FL 33071

Boca Raton, FL 33486

Parkland FL 33067

000002827360-5

-04/01/98-01118-019  
\*\*\*\*61.25 \*\*\*\*61.25

8. Name and Address of Current Registered Agent

Raymond A. Dumar  
412 Blount Blvd  
Ft. Lauderdale, FL 33301

9. Name and Address of New Registered Agent

Name  
Alfred C. Latimer  
Street Address (P.O. Box Number is Not Acceptable)  
6550 N. Federal Hwy  
Suite, Apt. #, Etc  
220  
City  
Ft. Lauderdale

State  
FL  
Zip Code  
33308-1404

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Alfred C. Latimer*

REGISTERED AGENT MUST SIGN

Date

3/10/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alfred C. Latimer*

3/10/99

Date

954-  
491-7233

Daytime Phone #

FILED

99 MAR 24 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

7-99  
XGP  
3/24/99

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/68

5. FEI Number

23-7145005

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status