

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 1:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **729043**

1. Corporation Name
GREATER SARASOTA JUNIOR GOLF ASSOCIATION, INC.

Principal Place of Business Mailing Address
 1877 RITA STREET P.O. BOX 1665
 SARASOTA FL 34231 VENICE FL 34284
 US



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/12/1974	
City & State		City & State		5. FEI Number	
Zip		Country		59-2552124	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	MICHAUD, PAUL	1877 RITA STREET	SARASOTA FL 34231
VD	REE, DANNY PANET-RAYMOND, ANDRE	300 BURKE ROAD 2225 JAMAICA ST.	VENICE FL SARASOTA 34231
TD	FRANEK, GARY	537 LAKESIDE DR. 7851 48th Ave. E.	BRADENTON FL 34203
SD	BRISLEY, TAFFIE	7106 RIVERCLUB BLVD	BRADENTON FL 34202
			100002724821--9 -12/29/98--01047--025 ****236.25 ****236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MICHAUD, PAUL 1877 RITA STREET SARASOTA FL 34231		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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: *Paul Michaud* **REQUIRED** Date: 11/17/98
 REGISTERED AGENT MUST SIGN

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: *Paul Michaud* **REQUIRED** Date: 11/17/98 Daytime Phone #: 941 918 0857
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR