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
97 NOV 10 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740319**

1. Corporation Name

GREATER TAMPA JUNIOR GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
110 SOUTH LOCKMOOR AVENUE TEMPLE TERRACE FL 33617	110 SOUTH LOCKMOOR AVENUE TEMPLE TERRACE FL 33617

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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

4. Date Incorporated or Qualified To Do Business In Florida: 10/04/1977

5. FEI Number: 59-1788848 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	JESKE, PAUL T., ESQ.	3212 STONYBROOK LANE	TAMPA FL
S	HADDOCK, ED	4604 SUMMERWIND COURT	PLANT CITY FL 33567
S	SWOPE, KEITH	5066 FOX HUNT DRIVE.	WESLEY CHAPEL FL 33543
D	CHRISTENSEN, DEAN	1323 N. RIVERHILLS DRIVE	TEMPLE TERRACE FL 33617
D	CODE, BRIAN	10029 ORANGE COVE DR.	TAMPA FL 33618
D	~~GRAVES, JOHN~~ Clarke, Robert	~~8303 TEMPLE TERRACE HWY.~~ 205 W. Busch Blvd.	TAMPA FL, 33612

11-12-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JESKE, PAUL T., ESQ. 1904 EAST BUSCH BLVD. TAMPA FL 33612	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

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****236.25 ****236.25

CR2E040 (8/97)

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 Jeske Date: 11-6-97

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: _____ 11/4/97 (813) 287-8775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #