

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # 741146

1. Corporation Name

THE INVERRARY WOMEN'S GOLF ASSOCIATION, INC.

Principal Place of Business

3840 INVERRARY BLVD
LAUDERDALE FL 33319

Mailing Address

3840 INVERRARY BLVD
LAUDERDALE FL 33319

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

LAUDERHILL, FL

City & State

Zip

Country

Zip

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida

12/01/1977

5. FEI Number

01-4097394

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DP	MARMUR, DORIS	3930 INVERRARY BLVD	LAUDERHILL FL 33319
VPD	PALASH, ROSALIND	3419 HEATHER TERR	LAUDERHILL FL 33319
TD	MANDEL, GECIL	8020 NW 44 ST	LAUDERHILL FL 33319
SD	HOLTZMAN, CAROL	3940 INVERRARY BLVD.	LAUDERHILL FL
TD	BRAUN THELMA	7470 N.W. 41ST CT	LAUDERHILL, FL 33319

8. Name and Address of Current Registered Agent

SALOMONE, MICHAEL J
7800 W OAKLAND PARK BLVD
SUNRISE FL 33321

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
600003043126--0
Suite, Apt. #, Etc.
-11/12/99--01103--006
City
State Zip Code
FL 61.25

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

Thelma H. Braun

REGISTERED AGENT MUST SIGN

Date 10/26/99

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 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:

BRAUN THELMA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/99-954.741-5690

Date

Daytime Phone #

Inverrary Woman,s Golf Association
3840 Inverrary Blvd.
Lauderhill, Fl. 33319

10/26/99

Dear Sirs,

Enclosed is a money order for \$61.25, the annual report fee for the Inverrary Woman's Golf Association. We respectfully request that you allow us a one time waver of the reinstatement fee of \$175.00 for our organization . We regret that we did not file in a timely fashion, but we did not receive any communication prior to the notice of administrative dissolution of our corporation.

We are now aware that it is the corporations responsibility to file an annual report by May 1st.

We appreciate your consideration in this matter to allow us this one time waver.

Respectfully yours,

Thelma Braun
Treasurer