

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED


07 MAY 10 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Corporation Name

829202
Golf Schools, Inc.

UNPAID 20575

2. Principal Office Address - No P.O. Box #
110 South Water Street

Suite, Apt. #, etc.

3. Mailing Office Address
110 South Water Street

Suite, Apt. #, etc.

City & State
Kent OH

City & State
Kent OH

Zip
44240

Country
USA

Zip
44240

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/20/72

5. FEI Number
34-1092083

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
J. Scott Slater

Street Address (P.O. Box Number is Not Acceptable)
101 E. Kennedy Blvd. Suite 3700

Suite, Apt. #, Etc.

Tampa

City
Tampa

State
FL

Zip Code
33602

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/23/07

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 D	Richard D. Sutton	112 East Drive	Hartville OH 44632
STD	Cheryl A. Sutton	112 East Drive	Hartville OH 44632
			700103030257 05/22/07--01042--020 ***3682.50

REINSTATEMENT 81-07

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 contained in Chapter 119, 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]

RICHARD D. SUTTON-PRESIDENT 4-20-07 330-548-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard D. Sutton