

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 1:14

DOCUMENT # **F01000006333**

1. Corporation Name

GOLFANDHOME, INC.

SECRETARY OF STATE
900008885889
11/06/02--01123--004 **750.00



REINSTATEMENT 02

Principal Place of Business

~~120 MAIN STREET~~
NEW CANAAN CT 06840

Mailing Address

~~120 MAIN STREET~~
NEW CANAAN CT 06840

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

2. New Principal Office Address, If Applicable

93 Cherry Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

93 Cherry Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2001

5. FEI Number

06-1577752

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
PD	O'ROURKE, BRYAN	123 MAIN ST	NEW CANAAN CT
CD	MCCANN, MARK L	123 MAIN ST	NEW CANAAN CT
SD	O'ROURKE, BRENDAN J	27 PINE STREET	NEW CANAAN CT
V	SCHWARTZ, KEVIN L	1260 SW MAPLEWOOD DR.	PORT ST LUCIE FL

8. Name and Address of Current Registered Agent

SCHWARTZ, KEVIN
1260 S.W. MAPLEWOOD DRIVE
PORT ST LUCIE FL 34986

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

11-02-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02 2038013992

Daytime Phone #