

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F95000002598

1. Corporation Name

FLORIDA FAIRWAYS, INC.

Principal Place of Business

**40 WESTMINSTER STREET
PROVIDENCE RI 02903**

Mailing Address

**40 WESTMINSTER STREET
PROVIDENCE RI 02903**

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	HUMPHREY, O.L.	40 WESTMINSTER STREET	PROVIDENCE RI 02903
V	MUNOZ, RAMON J	40 WESTMINSTER STREET	PROVIDENCE RI 02903
AS V	DAVID WISEN Kathleen A. Smith	40 WESTMINSTER STREET	PROVIDENCE RI
AV	BUTERA, ANGELO M	40 WESTMINSTER STREET	PROVIDENCE RI 02903
SD	PERKINS, ELIZABETH C	40 WESTMINSTER STREET	PROVIDENCE RI
D	STEPHEN A. GILOTTI	40 WESTMINSTER STREET	PROVIDENCE RI

8. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

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

Kathleen A. Smith
Kathleen A. Smith, Asst. Vice President
REGISTERED AGENT MUST SIGN

Date: *3/8/99*

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:

Kathleen A. Smith
Kathleen A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

APPROVED
FILED

99 MAR 11 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *08-99*

4. Date Incorporated or Qualified To Do Business in Florida

05/30/1995

5. FEI Number

52-1933598

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2EMD (9/98)