## 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

Principal Place of Business

SIGNATURE:

FLORIDA FAIRWAYS, INC.

40 WESTMINSTER STREET PROVIDENCE RI 02903	40 WESTMINSTER STREET PROVIDENCE RI 02903	
If above addresses are incorrect in any way, hise  2. New Principal Office Address, If Applicable	through incorrect information and enter correction below	
	3 New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc.	
City & State	City & State	

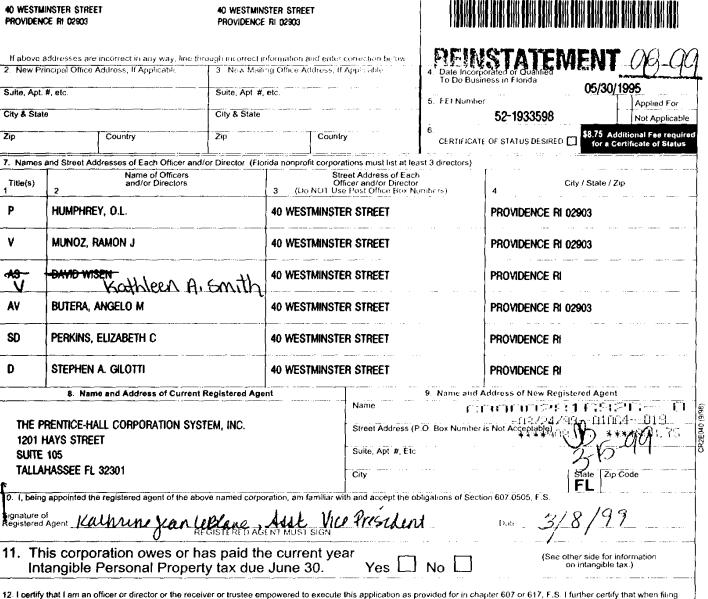
Mailing Address

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SECRETARY OF STATE TALLAMASSEE, FLOREDA

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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