

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 # F96000002836

1. Corporation Name

WEST PALM BEACH FAMILY GOLF CENTERS, INC.

Principal Place of Business

225 BROAD HOLLOW ROAD, #106E
MELVILLE NY 11747

Mailing Address

225 BROAD HOLLOW ROAD, #106E
MELVILLE NY 11747

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1996

5. FEI Number

65-0667240

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	CHANG, DOMINIC	225 BROAD HOLLOW ROAD, SUITE 106	MELVILLE NY 11747
VD	KRAUSE, ROBERT J	225 BROAD HOLLOW ROAD, SUITE 106	MELVILLE NY 11747
SD	THAMPI, KRISHNAN P	225 BROAD HOLLOW ROAD, SUITE 106	MELVILLE NY 11747
VDS	KRAUSE, ROBERT J	225 BROADHOLLOW ROAD, SUITE 106E	MELVILLE NY 11747
SDV	THAMPI, KRISHNAN P	225 BROADHOLLOW ROAD, SUITE 106E	MELVILLE NY 11747
MTD	KELLEHER, GARRETT J	225 BROADHOLLOW ROAD, SUITE 106E	MELVILLE NY 11747

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
NATIONAL CORPORATE RESEARCH, LTD. INC.

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

1406 HAYS ST #2

Suite, Apt. #, Etc.

City
TALLAHASSEE

90000028368779-2
-12/10/97-01112-002

***15001 State Ztg Code 750.00
FL 32301

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

REGISTERED AGENT MUST SIGN

Date 12/4/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. KRAUSE

Date

Daytime Phone #

12/3/97 (516) 694-1666

CR20040 (8/97)