

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 12:21

DOCUMENT # F96000002836

1. Corporation Name

West Palm Beach Family Golf Center, Inc.

2. Principal Office Address

538 Broadhollow Rd

Suite, Apt. #, etc.

4th Fl.

City & State

Melville NY

Zip

11747

Country

USA

3. Mailing Office Address

538 Broadhollow Rd

Suite, Apt. #, etc.

4th Fl.

City & State

Melville NY

Zip

11747

Country

USA

REINSTATEMENT 00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-28-96

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. Name and Address of Current Registered Agent

Name

National Corporate Research Ltd, Inc

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

1406 Hays St.

Suite, Apt. #, Etc.

Suite # 2

City

Tallahassee

State

FL

Zip Code

32301

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4552.50 *758.75

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

John Wagner

REGISTERED AGENT MUST SIGN

Date 11/3/00

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	Krishnan P. Thampi	538 Broadhollow Rd	Melville, NY 11747
VP/S	Pamela S. Charles	538 Broadhollow Rd	Melville, NY 11747
VP	Margaret M. Santoro	538 Broadhollow Rd	Melville, NY 11747

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 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:

Pamela S. Charles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00

Date

631-694-1666

Daytime Phone

X126

CR2E081 (9/99)