

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

500003478785-8  
-11/28/00-01089-022  
\*\*\*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 [Signature] Date 11/3/00  
REGISTERED AGENT MUST SIGN

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. Santorfo	538 Broadhollow Rd	Melville, NY 11747

10/30/00

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: [Signature] Date 10/30/00 Daytime Phone 631-694-1666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
K126

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