

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 # F96000005687

1. Corporation Name

MARGATE FAMILY GOLF CENTERS, INC.

Principal Place of Business

225 BROADHOLLOW RD
MELVILLE NY 11747

Mailing Address

225 BROADHOLLOW RD
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

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1996

5. FEI Number

= 65070110 =
65-0701110

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
DCP	CHANG, DOMINIC	225 BROADHOLLOW RD	MELVILLE NY 11747
DVS	THAMPI, KRISHNAN P	225 BROADHOLLOW RD	MELVILLE NY 11747
DP	CHANG, DOMINIC	225 BROADHOLLOW ROAD, SUITE 106E	MELVILLE NY 11747
DVS	THAMPI, KRISHNAN P	225 BROADHOLLOW ROAD, SUITE 106E	MELVILLE NY 11747
VSD	KRAUSE, ROBERT J	225 BROADHOLLOW ROAD, SUITE 106E	MELVILLE NY 11747
VTD	KELLEHER, GARRETT J	225 BROADHOLLOW ROAD, SUITE 106E	MELVILLE NY 11747

8. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD. INC.
1406 HAYS ST #2
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
FL

Zip Code

10. I am appointing 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

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 #

FILED

97 DEC -5 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97

CR2E040 (8/97)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

10/23/96
EIN **65-0701110**
OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) Margate Family Golf Centers, Inc.	
	2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 1871 Banks Road	
	4b City, state, and ZIP code Margate, FL 33063	
	5a Business address, if different from address in lines 4a and 4b	
	5b City, state, and ZIP code	
6 County and state where principal business is located Broward County, Florida		
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 391-56-5595 Dominic Chang		

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	
<input type="checkbox"/> Other nonprofit organization (specify)	(enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ▶		

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶	State Delaware	Foreign country
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Started new business (specify) ▶	<input checked="" type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) 10/16/96	11 Enter closing month of accounting year. (See instructions.) December
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶	11/1/96
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13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶	Nonagricultural 15	Agricultural	Household
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14 Principal activity (See instructions.) ▶ Golf Recreation
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15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale)	
<input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> N/A

17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.	
Legal name ▶	Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.	
Approximate date when filed (Mo., day, year)	City and state where filed
	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code)
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Name and title (Please type or print clearly.) ▶ Garrett Kelleher, VP	(516) 694-1666
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Signature ▶ 	Date ▶ 10/14/96
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Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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