

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001944

1. Corporation Name

CHIP SHOP GOLF COURSE CORPORATION

2. Principal Office Address

2370 Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Office Address

2370 Tamiami Trail

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33952

Country

Charlotte

Zip

33952

Country

Charlotte

4. Date Incorporated or Qualified
To Do Business in Florida

October 1990

5. FEI Number

42-1357143

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

Carol Flowers

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

2370 Tamiami Trail

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

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

Carol Flowers

Date

Dec 12, 02

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
Pres	Gene Flowers	2370 Tamiami	Port Charlotte, FL 33952
VP	CAROL Flowers	2370 Tamiami	Port Charlotte, FL 33952

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:

Carol Flowers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL Flowers

Date

12-12-02

Daytime Phone #

(941) 627-5999

CR2001 (9/01)