

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 17 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



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

DOCUMENT # F97000004524

1. Corporation Name

Golf Host Management, Inc.

2. Principal Office Address

591 West Putnam Ave.

Suite, Apt. #, etc.

City & State

Greenwich, CT

Zip

06830

Country

USA

3. Mailing Office Address

591 West Putnam Ave.

Suite, Apt. #, etc.

City & State

Greenwich, CT

Zip

06830

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/27/97

5. FEI Number

06-1489920

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

CT Corporation System

300005678886

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

1200 South Pine Island Road

06/05/02-01002-019

\*\*\*1208.75 \*\*\*1208.75

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code

33324

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

Connie Bryan

REGISTERED AGENT MUST SIGN

Connie Bryan, Special Asst. Secy.

Date 5-17-02

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
D/P/T	Merrick Heeman	591 West Putnam Ave.	Greenwich, CT 06830
EXP	Jerome Silvey	591 West Putnam Ave.	Greenwich, CT 06830
V	Robert Geimer	591 West Putnam Ave.	Greenwich, CT 06830

10. I certify that I am an officer or director of 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

Jerome Silvey

Date

5/9/02

Daytime Phone #

203-422-7100

CR2081 (9/01)