PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION FILED Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 DEC 10 AM 9: 45 F97000004606 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name PHIL RITSON GOLF INSTITUTE, INC. Principal Place of Business Mailing Address P-0. Box 690577 P.O. Box 690577 Orlando, Florida 32869 Orlando, Florida 32869 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address. If Applicable One Phil Ritson Way 3. New Mailing Address, If Applicable One Phil Ritson Way Date Incorporated or Qualif. To Do Business in Florida 1997 September 2, Surte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3452430] Not Applicable Winter Garden Florida <u>Winter Garden.</u> Florida \$8.75 Additional Fee required for a Certificate of Status. Country CERTIFICATE OF STATUS DESIRED 34787 UŚA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) -12/15/98--01078--026 \*\*\*\*\*\*\*8.75 \*\*\*\*\*\*8.75 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) WINTER GARDEN, FLORIDA P/D PHILIP V. RITSON ONE PHIL RITSON WAY WINTER GARDEN, FLORIDA MICHELLE RITSON S/D ONE PHIL RITSON WAY JAMES V. SADRIANNA ONE PHIL RITSON WAY WINTER GARDEN, FLORIDA T/D 34787 **80000271**3338---12/15/98-01078--025 \*\*\*\*(50.00 \*\*\*\*750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name JON C. YERGLER JON C. YERGLER Street Address (P.O. Box Number is Not Acceptable) 215 North Eola Drive 215 North Eola Drive Suite, Apt. #, Etc. Orlando, Florida 32801 Orlando Florida Zip Code City 10. I, being appointed 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 Date \_\_12/9/98 D AGENT MUST SIGN JON C YERGLER 11. Does this corporation pay any intangible tax to the (See other side for information No X Dept. of Revenue under S. 199.032, Florida Statutes. Yes on intangible tax.) 12. I do hereby partify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, 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, FS. I further certify that when filing this reinstatement application the reason for dissolution as been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The promision indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

-12/9/98

SIGNATURE: