

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 11 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004606

1. Corporation Name

PHIL BITSON GOLF INSTITUTE, INC.

2. Principal Office Address

16301 Phil Bitson Way

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

34787

Country

USA

3. Mailing Office Address

16301 Phil Bitson Way

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

34787

Country

USA

REINSTATEMENT

PA-100

4. Date Incorporated or Qualified
To Do Business in Florida

9/2/97

5. FEI Number

59-3452430

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

James V. Sadrianna

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

16301 Phil Bitson Way

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

300003213719-7

04/24/00-01029-009

***308.75 ***308.75

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]

REGISTERED AGENT MUST SIGN

Date 4-4-00

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
PD	Bitson, Philip V.	16301 Phil Bitson Way	Winter Garden, FL 34787
SD	Bitson, Michelle	16301 Phil Bitson Way	Winter Garden, FL 34787
TD	Sadrianna, James V.	16301 Phil Bitson Way	Winter Garden, FL 34787

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] CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

407-656-2626

Daytime Phone #

KE

Z 239-529-614

CP2E081 (9/99)