

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # F97000006133

1. Corporation Name

MAKE YOUR MARK GOLF ACCESSORIES, INC.

Principal Place of Business

Mailing Address

1306 S.E. 46TH LANE #2  
CAPE CORAL FL 33904

1306 S.E. 46TH LANE #2  
CAPE CORAL FL 33904



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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

84-1316666

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MARCHESSAULT, TIM	1306 S.E. 46TH LANE	CAPE CORAL FL 33904
TSD	MARCHESSAULT, ROBIN	1306 S.E. 46TH LANE	CAPE CORAL FL 33904

700003465147-1  
-11/15/00--01114--015  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCHESSAULT, TIM  
1306 S.E. 46TH LANE  
CAPE CORAL FL 33904

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. 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 included 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

Tim Marchessault

Date

Daytime Phone #

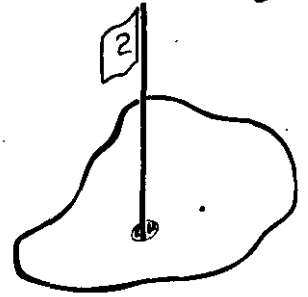
10/24/00 941-541-0111

# **Make Your Mark**

**GOLF ACCESSORIES**

1306 SE 46TH LANE • SUITE 2 • CAPE CORAL, FL 33904

941-541-0111



10-23-00

Florida Department Of State  
Secretary of State  
Katherine Harris  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Make Your Mark Golf Accessories, Inc.  
Dissolution or Revocation Document Number F97000006133

Dear Secretary Of State,

We do so apologize for having not paid our fee to keep our Corporation active. But in review of our files, we never received any notice prior to 10-19-00 of any Moines due. We are proud to be a Florida Corporation and understand such fees are necessary. However, without a notice, it's impossible to know when & what is due. However, I have marked my calendar for the next couple of years to be sure to never miss this deadline again.

Enclosed is \$150.00 and hope this will reinstate Make Your Mark Golf Accessories, Inc. as a Corporation.

Sincerely,

Tim Marchessault  
Make Your Mark Golf Accessories, Inc CEO