PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION' **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT#** 

F98000004545

1. Corporation Name

THE GOLF-NETWORK, INC.

Principal Place of Business

Mailing Address

FILED

00 OCT 23 PM 3:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

39 AVENUE OF THE COMMONS, SUITE 204 SHREWSBURY NJ 07702  If above addresses are incorrect in any way, line the	39 AVENUE OF THE COMMONS. SUITE 204 SHREWSBURY NJ 07702  rough incorrect information and enter correction below.	REINSTATEM	ENT	
New Principal Office Address, If Applicable	3. New Mailing Office Address, if Applicable	Date incorporated or Qualified     To Do Business in Florida	08/10/	1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number		Applied For
City & State	City & State	22-3578782	[	Not Applicab
ARAMA, IVU	U(COV)   NcJ	c		

UCTI	7	_ · · · · · · · · · · · · · · · · · · ·		D.	¢0.7E	Additional Congressional		
<sup>Zip</sup> <b>0フ</b> つ	12 Country USA	Zip 0フリン	Country	CERTIFICATE OF STATUS		Additional Fee required Certificate of Status		
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s) 1	Name of Officers and/or Directors	3 1.4(1)	Street Address of Each Officer and/or Director		City / State	/ Zip		
VD	MATZEL, BRUCE	39 AVEN	IUE OF THE COMMONS	<del>, suite-</del>   <del>shrev</del>	SBURY NJ 07702	7/2		
DPST	MATZEL, GREGORY		SON ROUGE 35		ISBURY NJ 07702	-		
				4000	103 <b>455</b> 11/07/000	7344 1038018_		
				,	****750.00	****750.00		
8. Name and Address of Current Registered Agent			9. Name and Address of	New Registered Age	ent			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
The second secon	Name		
PORATION SERVICE COMPANY	Street Address (P.O. Box Number is Not Acceptable)		
HAYS STREET AHASSEE FL 32301-2525	Suite, Apt. #, Etc.		
	City State		

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Signature of Registered Agent

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 filling 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.