## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# G58794

Address:

City-St-Zip:

27173 OLIVER DR

BONITA SPRINGS, FL 34135 US

Entity Name: GOLF SAFARL INC

FILED Nov 05, 2009 Secretary of State

Littly Na	ille. GOLF SA	ARI, INC.			
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
	ITA BEACH R PRINGS, FL 3				
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
	ITA BEACH REPRINGS, FL				
FEI Number	: 59-2346227	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent	: Name and Address of	New Registered Agent:	
	HOMAS ITANA AVE NE RSBURG, FL 3				
	e named entity e of Florida.	submits this statement for t	he purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE: THOMAS	CLARK			
	Electror	nic Signature of Registered	Agent	Date	
		3(2)(b), F.S., the corporation d	id not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD CLARK, JAMES 11901 HUNTER PLYMOUTH, M	RS CREEK	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( CLARK, DAWN 11901 HUNTER PLYMOUTH, M	RS CREEK CT	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CLARK, THOM 2038 MONTAN		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	M ( ) BUEHL, CYNTH	) Delete HA	Title: ( Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CYNTHIA BUEHL M 11/05/2009