PLEASE READ A	ALL INSTRUCTIONS	BEFORE CO	OMPLETING THIS FORM.
APPLICATION FOR 97-98 REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of S	rtham State	APPROVED AND FILED
	DIVISION OF CORPC	PRATIONS	98 FEB 11 PH 2: 58
1. Corporation Name X-OUTS, INC. was International Golf, Inc.)			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 1201 E. Oakland Park Blud 1201 E. Oakland Park Blud Fort Landerdale, FL 33334 If above addresses are incorrect in any way, line through incorrect information and enter correction below.			4000024328045 -02/17/9801053021 ****908.75 ****908.75
2. New Principal Office Address, If Applicable	New Mailing Office Address, If Suite, Apt. #, etc.	Applicable	4. Date Incorporated or Qualified To Do Business in Florida January 1784
Suite, Apt. #, etc.	City & State		5. FEI Number 59 - 144-3100 Applied For Not Applicable
Zip Country	Zip Count	ry_	6. CERTIFICATE OF STATUS DESIREO for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o			st 3 directors)
Title(s) Name of Officers and/or Directors 2	l Oi	reet Address of Each fficer and/or Director lse Post Office Box Nur	City / State / Zip
P.D.C James C. Helm	1783 N.	W. BISTAUC	Coval Springs, FL 33071
S,D Lynn Helm	1783 N	1,W. 81 Au	ce Coral Springs FL 33071
V.D Verry Gunderso	n 940 S	i.E 4th Ct	Doenfield Bond Fl 33441
T,D Judy Gunder so	940 9	s.e 4 ¹¹ Ct	Doorfield Band, Flaggy
		PEINST	ATEMENT 97-98
			a. alam
8. Name and Address of Current Re	egistered Agent	Name	9. Name and Address of New Registered Agent
Street Address (P.O			O. Box Number is Not Acceptable)
y		Suite, Apt. #, Etc.	0 16
∢		City	and Springs (house) State Zip Code FL 38071
10. I, being appointed the registered agent of the above	e named corporation, am lamiliar w	ith and accept the oblig	
Signature of Registered Agent Date 2-9-98 REGISTERED AGENT MUST SIGN			
11. This corporation ewes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)			
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylimo Phono #			