

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K40441

1. Corporation Name

GENE BATES GOLF DESIGN, INC.

Principal Place of Business

5606 PGA BLVD.  
SUITE 111  
PALM BEACH GARDENS FL 33418

Mailing Address

5606 PGA BLVD.  
SUITE 111  
PALM BEACH GARDENS FL 33418

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/1988

5. FEI Number

65-0095322

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. 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 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPTS	BATES, GENE D	5606 PGS BLVD., STE. 111	PALM BEACH GARDENS FL 33418
SEC	BATES, DENISE M	5606 PGA BLVD STE 111	WEST PALM BEACH FL 33418

500008708945  
10/30/02--01117--004 \*\*150.00

*Brink*

8. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES INC  
THREE GOLDEN BEAR PLAZA  
11780 U.S. HIGHWAY 1, SUITE 300  
NORTH PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name

James H. Schnare II

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

11780 U.S. Highway #1

Suite, Apt. #, Etc.

Suite 300

City

North Palm Beach

State

FL

Zip Code

33408

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date October 24, 2002

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE D. BATES

Date

OCTOBER 24-02

Daytime Phone #

561-624 0808

CR2E040 (8/02)

**GENE  
BATES**  
GOLF DESIGN



October 24, 2002

Florida Department of State  
Jim Smith,  
Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314-6327

RE: Gene Bates Golf Design, Inc.

We did not receive the original Corporation Filing Notification.

As directed by the telephone message from the Department of State, enclosed is the Application for Reinstatement and payment of \$150.00.

Thank you for your attention to this matter.

Gene Bates Golf Design, Inc.