

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP -4 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L67666

1. Corporation Name

Suncoast Golf Center & Driving Range, Inc.

Principal Place of Business

Mailing Address

6800 Fruitville Rd.
Sarasota, FL 34240

same

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

4/24/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0187263

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Ralph S. Perna	217 S. Lakeside Dr., #1	Lake Worth, FL 33466
D/S/T	Gary J. Gazall	3035 Boston Blvd.	Lansing, MI 48910
D/VP	Joseph R. Gazall	3035 Boston Blvd.	Lansing, MI 48910

REINSTATEMENT

B 9/9
95-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dave Dickens
4980 George Ave.
Sarasota, FL 34233

Name
Ralph S. Perna

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

6800 Fruitville Rd.

Suite, Apt. #, Etc.

City

Sarasota

100002636461-1

09/10/98 01062-003

***1201 State Zip 9800 200.00

FL 34240

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

[Signature]
REGISTERED AGENT MUST SIGN

S.C.E.

Date

9-2-98

11. This corporation owes 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-2-98 (861) 586-552