

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 26 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L80142

1. Corporation Name

Beverly Golf Management, Inc.

2. Principal Office Address - No P.O. Box #

4801 N. Forest Ridge

3. Mailing Office Address

724 N. Illinois Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Beverly Hills, Florida

City & State

Indianapolis, Indiana

Zip
34464

Country
USA

Zip
46204

Country
USA

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1990

5. FEI Number

59-3013916

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CorpDirect Agents, Inc.

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

515 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Katie Wonsch, Asst. Sec.

Date

10/26/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	Harrison Epperly	724 N. Illinois Street	Indianapolis, Indiana 46204

100111492171
10/30/07--01025--021 **8.75

100111492171
10/30/07--01025--022 **300.00

10. 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 contained in Chapter 119, 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:

Harrison Epperly

Harrison Epperly

10-23-07

Date

(317) 955-0797

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR