

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25572**

1. Corporation Name

SOUTHWEST FLORIDA SENIOR GOLF GROUP, INC.

Principal Place of Business

C/O KATHY SMITH
1453 DAVIS DRIVE
FT. MYERS FL 33919
US

Mailing Address

P.O. BOX 07280
FT. MYERS FL 33912

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33919

FILED

02 OCT 28 AM 11:04

SECRETARY OF STATE

REINSTATEMENT 2002



3000008614323
10/28/02--01059--032 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1988

5. FEI Number

65-0043988

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RITTER, TED	15520 KILMARNOCK DR.	FT. MYERS FL
D	DEY, BILL	5690 TRAILWINDS DR #614	FT. MYERS FL 33912
D	SMITH, KATHY	1453 DAVIS AVE	FT MYERS FL 33919
D	Louiselle, Keith	23608 Stoneyriver Pl.	Bonita Springs, FL 34135

8. Name and Address of Current Registered Agent

SMITH, KATHY
1453 DAVIS DRIVE
FT. MYERS FL 33919

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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 REQUIRED
Kathy Smith
REGISTERED AGENT MUST SIGN

Date **10-21-02**

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 REQUIRED
Kathy Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-21-02

Daytime Phone #

(239) 275-9749