

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 DEC 21 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002970**

1. Corporation Name

THE GEORGE MIRA CELEBRITY GOLF CLASSIC, INC.

Principal Place of Business

2300 PALM DR.
HOMESTEAD FL 33035

Mailing Address

C/O COMMUNITY BANK. ATTN: ROGER E. KURTZ
28801 S.W. 157TH AVENUE
HOMESTEAD FL 33033

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



REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/16/1994	
City & State		Attn: Kenneth E. Hollowell		5. FEI Number	
City & State		City & State		65-0514812	
Zip		Zip		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country		Country		Applied For	
		U.S.A.		Not Applicable	

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
PD	MIRA, GEORGE	19225 SW 128 COURT	MIAMI FL 33177
VD	FURNARI, JOEL	2230 S.E. 6TH PLACE	HOMESTEAD FL 33033
FD	KURTZ, ROGER E	1400 H. JEFFERSON DRIVE	HOMESTEAD FL 33033
TD	Hollowell, Kenneth E.	2618 SE 21 Court	Homestead, FL 33035
			300002723913--3 -12/28/98--01115--009 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

MCDONALD, JAMES W JR
15600 S.W. 288 STREET
SUITE 306
HOMESTEAD FL 33033

9. Name and Address of New Registered Agent

Name
S. Scott Choos
Street Address (P.O. Box Number is Not Acceptable)
15600 SW 288 Street
Suite, Apt. #, Etc.
Suite #312
City
Homestead
State
FL
Zip Code
33033

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/17/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/98
Date

(305) 245 2211
Daytime Phone # 4389

CR2E040 (9/98)