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
1997 DEC 22 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002782

1. Corporation Name
The Florida Chapter of The National Golf Course Owners Association, Inc.

Principal Place of Business / Mailing Address
2801 Kissimmee Bay Boulevard
Kissimmee, Florida 34744

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

2. New Principal Office Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
101 Timberlachen Circle
Suite, Apt. #, etc.: Suite 202
City & State: Lake Mary, Florida
Zip: 32746 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida
June 7, 1995

5. FEI Number
59-3475661 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX — $8.75 Additional Fee required for a Certificate of Status

FEE OF STATE $500.00 — OFFICE USE ONLY

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	William Stine	2801 Kissimmee Bay Blvd.	Kissimmee, FL 34744
D/VP	Raymon Finch, Jr.	2100 Emerald Dunes Dr.	West Palm Beach, FL 33411
D/S/T	Gregory Christovich	1000 Selva Marina Dr.	Atlantic Beach, FL 32233

REINSTATEMENT 97 12/22/97

8. Name and Address of Current Registered Agent
William Stine
Kissimmee Bay Golf Club
2801 Kissimmee Bay Boulevard
Kissimmee, Florida 34744

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
Zip Code
FL

C00002354000--2
-12/29/97--01006--001
*****245.00 *****245.00
800002751118--7
-12/22/97--01123--011
*****245.00 *****245.00

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
William Stine
REGISTERED AGENT MUST SIGN
Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No XX

(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
William Stine
Date
Daytime Phone #

CR2E040 (2/95)