

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 19 AM 4:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N9800000188**

1. Corporation Name

COMMUNITY JUNIOR GOLF PROGRAM, INC.

2. Principal Office Address

5085 Kingsley Road

Suite, Apt. #, etc.

City & State

North Port, FL

Zip

34287

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida January 12, 1998

5. FEI Number

65-0807961

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

DUNCAN A. CLARK

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

5085 Kingsley Road

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34287

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

Duncan A. Clark

REGISTERED AGENT MUST SIGN

Date 12/27/00

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
P, S, T & D	Duncan A. Clark	5085 Kingsley Road	North Port Florida 34287
D	Paul B. Goodlander	5085 Kingsley Road	North Port Florida 34287
D	Rosanne M. Goodlander	5085 Kingsley Road	North Port Florida 34287
			600003923656--1 -03/28/01--01042--023 ****297.50 ****297.50

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 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:

Duncan A. Clark

Duncan A. Clark

Date

12/27/00

Daytime Phone #

941
4236955