

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N99000000658

1. Corporation Name

THE FIRST TEE OF HOLLYWOOD - SOUTH FLORIDA, INC

Principal Place of Business

400 ENTRADA DR.
HOLLYWOOD FL 33021-7040

Mailing Address

400 ENTRADA DR.
HOLLYWOOD FL 33021-7040

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1999

5. FEI Number

65-0921681

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PRES.	ROBERT G. KLITZ	400 ENTRADA DRIVE	Hollywood FL 33021
VP	DERICK ANDERSON	400 ENTRADA DRIVE	Hollywood FL 33021
TREAS.	MILDRED REINFOLD	400 ENTRADA DRIVE	Hollywood FL 33021

8. Name and Address of Current Registered Agent

ANDERSON, DERICK
400 ENTRADA DR.
HOLLYWOOD FL 33021-7040

9. Name and Address of New Registered Agent

Name
ROBERT G. KLITZ PRESIDENT
Street Address (P.O. Box Number is Not Acceptable)
400 ENTRADA DRIVE
Suite, Apt. #, Etc.
HOLLYWOOD
City
HOLLYWOOD
State
FL
Zip Code
33021

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

10/31/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/00

954
967-4653



REINSTATEMENT

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FILED

00 DEC -5 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/00)