

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN 19 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000000903**

1. Corporation Name

JUNIOR GOLF and ACADEMICS of AMERICA, Inc

2. Principal Office Address

5850 BELVEDERE RD

200

Suite, Apt. #, etc.

200

City & State

WEST PALM BEACH, FL

Zip

33413

Country

FLA BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

AUG 27, 1999

5. FEI Number

65-0905854

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

200003623292

Name

Charles E. Reynolds

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

2461 VILLAGE BLVD #205

Suite, Apt. #, Etc.

#205

City

WEST PALM BEACH

State

FL

Zip Code

33409

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12-28-00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

200003623292

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

-02/01/01--01093--005
*******61.25 *****61.25**

CHAIRMAN **ROSELYN KLEEMAN**

2461 VILLAGE BLVD #205

WPB, FL 33409

TREASURER **RICHARD B. BRENNER**

515 NO. FLAGLER DR # 400

WPB, FL 33401-4399

SECRETARY **PATRICIA DAVIS**

1572 W. 10th STREET

RIVERA BCH, FL 33404

PARL **GREG VAN BUCKLE**

7798 S.E. KINGS WAY STREET

HOBBS SOUND, FL 33455

SHARON B. KING

1103 GREENPINE BLVD

WPB, FL 33409

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:

[Signature] **ROSELYN KLEEMAN** **ROSELYN KLEEMAN** **01/04/01** **561-689-7867**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)