

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000029510**

1. Corporation Name

THE NEXT NINE GOLF AND GRILL, INC.

Principal Place of Business

Mailing Address

1201 WOODHAVEN DR.
NORTH PORT FL

1201 WOODHAVEN DR.
NORTH PORT FL

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/2000

5. FEI Number

65-0991191

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCGRATH, MICHELLE	3273 TAUTON AVE.	NORTH PORT FL 34288
D	MCGRATH, ROBERT	3273 TAUTON AVE.	NORTH PORT FL 34288
D	MCGRATH, MICHELLE	1888 BRADDOCK AVE.	NORTH PORT FL 34288
D	MCGRATH, ROBERT	1888 BRADDOCK AVE.	NORTH PORT FL 34288

8. Name and Address of Current Registered Agent

MCGRATH, MICHELLE
3273 TAUTON AVE.
NORTH PORT FL 34288

9. Name and Address of New Registered Agent

Name

MCGRATH, MICHELLE

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

1888 BRADDOCK AVE.

Suite, Apt. #, Etc.

City

NORTH PORT

State

FL

Zip Code

34288

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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

Michelle McGrath VP

Date

Daytime Phone #

941-
10-08-03 915-1566

CR2E040 (7/03)

THE NEXT NINE GOLF & GRILL, INC.

1201 WOODHAVEN DRIVE
NORTH PORT, FL 34286

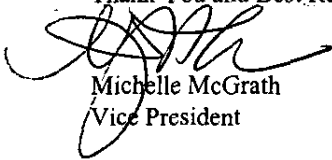
Phone 941 423-1237
Fax 941 423-0967

October 08, 2003

To whom it may concern,

We received a notice of Administrative Dissolution or Revocation. Unfortunately we have not received any prior notices. Our history of payments with you has been timely. We apologize for any inconveniences this may have caused. We appreciate a waiver in this matter. Enclosed is our fee of \$150.00

Thank You and Best Regards,



Michelle McGrath
Vice President