

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

03-04



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 800000034938

1. Corporation Name

GOLF WORKS OF FORT MYERS, INC.

800035163848
05/03/04--01015--015 **900.00

2. Principal Office Address
6071 TIDEWATER ISLAND
CIRCLE
Suite, Apt. #, etc.

3. Mailing Office Address
6071 TIDEWATER ISLAND
CIRCLE
Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

Zip
33908

Country
US

Zip
33908

Country
US

4. Date Incorporated or Qualified
To Do Business In Florida 04/01/2000

5. FEI Number
59-3659066

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

BAILEY, FRANCIS L

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

6071 TIDEWATER ISLAND CIRCLE

Suite, Apt. #, Etc.

City

FORT MYERS,

State

FL

Zip Code

33908

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

Francis L. Bailey

Date 4/27/04

REGISTERED AGENT MUST SIGN

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
D P	BAILEY, FRANCIS L.	6071 TIDEWATER ISLAND CIRCLE	FORT MYERS, FL 33908
D V	BOSWAY, TOM	21248 BRAXFIELD LOOP	ESTERO, FL 33928

REINSTATEMENT 03-04

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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)(f), 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:

Francis L. Bailey

Francis L Bailey

4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)