

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 18 PM 6:51

**DOCUMENT # P00000041059**

1. Corporation Name

**WORLD GOLF MAPPING, INC.**

Principal Place of Business

2665 W EDGEWATER DR  
PALM BEACH GARDENS FL 33410

Mailing Address

2665 W EDGEWATER DR  
PALM BEACH GARDENS FL 33410



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

04/20/2000

5. FEI Number

52-2236937

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	SAVIGNAC, KRIS O	2665 W EDGEWATER DR	PALM BEACH GARDENS FL 33410

8. Name and Address of Current Registered Agent

SAVIGNAC, KRIS O  
2665 W EDGEWATER DR  
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]*  
REGISTERED AGENT MUST SIGN

Date 10/16/01

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

10/16/01

Date

561-379-8484

Daytime Phone #

CR2E040 (8/01)

WORLD GOLF MAPPING

www.worldgolfmap.com

GolfMaps01@aol.com

561-379-8484 phone

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Florida Department of State  
Division of Corporations

**Re: Document # P00000041059**

FEI # 52-2236937

10/16/01

Dear Sir or Madam:

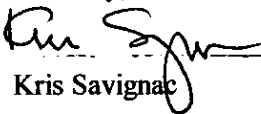
This letter is in regard to a recent Notice of Administrative Dissolution my company received from the Florida Department of State Division of Corporations Document # P00000041059.

We feel this is in error. We paid our corporate fees on time and the Division of Corporations also deposited the check prior to being late. The Division of Corporations notified us in May 2001 that we did not write in the FEI number on the form. We filled out the document with the FEI number and sent it in June 2001 to the address on the envelope. Somehow the form was not recorded.

We are sending in the forms with the FEI number again today, and we are requesting that any additional fees be waived.

Thank you for your help in this matter. If I can be of assistance please call me directly at 561-379-8484.

Sincerely,

  
Kris Savignac