

2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2005 OCT 17 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10122005 REIN-P CR2E098 (6/04)

DOCUMENT # P01000011031					
1. Entity Name Q-ROLL GOLF, INC.					
Principal Place of Business 7711 MILITARY TRAIL PALM BEACH GARDENS, FL 33410			Mailing Address 7711 MILITARY TRAIL PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business			3. Mailing Address 165 OLD MIDDLETOWN RD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State PEARL RIVER, NY		
Zip	Country	Zip	Country	4. FEI Number 65-1111798	
10965	USA	10965	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div> <div> FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 </div> <div> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, RON E		NAME	200060686942	
STREET ADDRESS	1209 GENERAL POINT TRACE		STREET ADDRESS	10/17/05--01069--009 **\$150.00	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, LARRY		NAME		
STREET ADDRESS	396 OAKLAND BCH AVE		STREET ADDRESS		
CITY-ST-ZIP	RYE, NY 10580		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, LAWRENCE		NAME		
STREET ADDRESS	73 CONNECTICUT AVE		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06830		CITY-ST-ZIP		
TITLE	VCFD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGEN, BRUCE E		NAME		
STREET ADDRESS	165 OLD MIDDLETOWN BLVD		STREET ADDRESS		
CITY-ST-ZIP	PEARL RIVER, NY 10965		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, MICHAEL J		NAME		
STREET ADDRESS	7502 NW 30TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTORI, TOM		NAME		
STREET ADDRESS	6420 BUCKINGHAM CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CUMMING, GA 30040		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Bruce E. Hagen</u> <u>BRUCE E. HAGEN</u> <u>10/12/05</u> <u>845-735-6835</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

10/20/05