

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096213

1. Corporation Name

MID FLORIDA GOLF TOUR, INC.

Principal Place of Business

820 HAMPTON DRIVE, N E
PALM BAY FL 32905

Mailing Address

POST OFFICE BOX 61313
PALM BAY FL 32906-1313

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. - FEI Number

59 - 3750300

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BALINCHAK, DOMINICK Belinchak	820 HAMPTON DRIVE, N E	PALM BAY FL 32905
D	BALINCHAK, JACQUELINE Belinchak	820 HAMPTON DRIVE, N E	PALM BAY FL 32905

700008790187
11/04/02--01096--007 **150.00

8. Name and Address of Current Registered Agent

BELINCHAK, DOMINICK
820 HAMPTON DRIVE, N E
PALM BAY FL 32905

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature
REGISTERED AGENT MUST SIGN

Date 10/30/02

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.

JACQUELINE D. BELINCHAK

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02

Date

321-9532247

Daytime Phone #

CR2E040 (8/02)

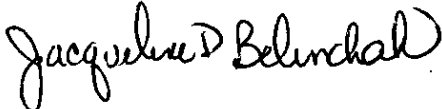
Mid Florida Golf Tour, Inc.
P.O. Box 61313
Palm Bay, Florida 32906-1313

October 30, 2002

To Whom It May Concern:

Enclosed find completed Application for Reinstatement, UBR filing fee in the amount of \$150.00 and this signed letter stating that we did not receive prior UBR notices informing us of this required form.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline D. Belinchak". The signature is written in dark ink and is positioned above the printed name.

Jacqueline D. Belinchak