

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000026580

1. Corporation Name

DOLLAR GOLF, INC.

2. Principal Office Address - No P.O. Box #

36442 Laurel Lane

Suite, Apt. #, etc.

City & State

Dade City

Zip

33525

Country

USA

3. Mailing Office Address

36442 Laurel Lane

Suite, Apt. #, etc.

City & State

Dade City

Zip

33525

Country

USA

REINSTATEMENT

04-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Gerald L. Marcum

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

36442 Laurel Lane

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33525

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Gerald L. Marcum

Date 2-17-10

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
DP	Gerald L. Marcum	36442 Laurel Lane	Dade City, FL 33525

10. E-mail Address: glminvestments@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Gerald L. Marcum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-10

Date

352 424 1053

Daytime Phone #

3150