

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -2 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000066500

1. Corporation Name

Suncoast Golf Center, Inc.

2. Principal Office Address

7741 15th St. East

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34243

Country

3. Mailing Office Address

7741 15th St. East

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34243

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/16/2003

5. FEI Number

20-0045338

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

Spiegel & Utrera P.A.

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

1040 SW 22ND ST.

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date

9/25/06

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
President	Tom Hubbard	7741 15th St. East	Sarasota, FL 34243
Vice Pres	Lori Hubbard	7741 15th St. East	Sarasota, FL 34243
Sec	Richard Hubbard III	7741 15th St. East	Sarasota, FL 34243

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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Hubbard

Date

9/28/06

Daytime Phone #

941-351-2666

20 11/03