

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 030000 75152

1. Corporation Name

FOLEY GOLF, INC.

2. Principal Office Address

15820 FAIRVIEW PT.

Suite, Apt. #, etc.

3. Mailing Office Address

15820 FAIRVIEW PT.

Suite, Apt. #, etc.

City & State

TAVARES, FLA.

City & State

TAVARES, FLA.

Zip

32778

Country

USA

Zip

32778

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/8/2003

5. FEI Number

56-238-4007

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

CONNIE S. FOLEY (CONSTANCE)

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

15820 FAIRVIEW PT.

Suite, Apt. #, Etc.

City

TAVARES

State

FL

Zip Code

32778

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

Connie S. Foley

REGISTERED AGENT MUST SIGN

Date

2/16/06

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
<u>PRES</u>	<u>THOMAS DAVID FOLEY JR.</u>	<u>15820 FAIRVIEW PT.</u>	<u>TAVARES, FLA 32778</u>
<u>SEC.</u>	<u>CONNIE S. FOLEY</u>	<u>15820 FAIRVIEW PT.</u>	<u>TAVARES, FLA 32778</u>
<u>VICPRES</u>			
<u>TREAS</u>			

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:

Connie S. Foley CONNIE S. FOLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/06

Daytime Phone #

352-
253-1373