

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000075152

1. Entity Name
FOLEY GOLF, INC.



Principal Place of Business
15820 FAIRVIEW PT
TAVARES, FL 32778

Mailing Address
15820 FAIRVIEW PT
TAVARES, FL 32778

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number
56-2384007

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOLEY, CONNIE
15820 FAIRVIEW PT
TAVARES, FL 32778

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 Connie Foley
Signature, typed or printed name of registered agent and title applicable.

CONNIE FOLEY

2/6/08

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

8.75

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FOLEY, THOMAS D JR
STREET ADDRESS 15820 FAIRVIEW PT
CITY-ST-ZIP TAVARES, FL 32778

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SVPT
NAME FOLEY, CONNIE S
STREET ADDRESS 15820 FAIRVIEW PT
CITY-ST-ZIP TAVARES, FL 32778

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CONNIE FOLEY

Connie Foley

2/6/08

352 953
1373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/11