

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 23 PH 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 103000111661

1. Corporation Name

GREAT AMERICAN GOLF CARTS, INC.

300137209893  
10/23/08--01024--008 \*\*300.00

REINSTATEMENT 07-08

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

4162 NEWLAND ST

Suite, Apt. #, etc.

3. Mailing Office Address

4162 NEWLAND ST

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

Zip

34711

Country

USA

Zip

34711

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/9/2003

5. FEI Number

861084776

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

BARRY FLOOD

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

4162 NEWLAND ST

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

☒ 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

REGISTERED AGENT MUST SIGN

Date 10-2-2008

**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
D, P, S	BARRY FLOOD	4162 NEWLAND ST	CLERMONT, FL 34711
D, V, T	THOMAS FLOOD	4162 NEWLAND ST	CLERMONT, FL 34711

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/08 352-874-2653

Date

Daytime Phone #