


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000154288		
1. Entity Name FLORIDA GOLF MARKETING INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -6 PM 3:58

REINSTATEMENT 05



10032005 REIN-P CR2E098 (6/04)

Principal Place of Business 604 COUNTRY LANE NE WINTER HAVEN, FL 33881	Mailing Address 604 COUNTRY LANE NE WINTER HAVEN, FL 33881
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-0593865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
STINE, JOSEPH A 604 COUNTRY LANE NE WINTER HAVEN, FL 33881	

7. Name and Address of New Registered Agent	
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 <i>Joseph A Stine</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>Oct 3, 05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STINE, JOSEPH A 604 COUNTRY LANE NE WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060308619 10/06/05--01061--004 **\$750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Joseph A Stine</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>Oct 3, 05</i> DAYTIME PHONE # <i>863-227-2751</i>