


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN -8 AM 11:52

DOCUMENT # P04000149820		
1. Entity Name CKC GOLF, INC.		

Principal Place of Business 4312 CHEVAL BLVD LUTZ, FL 33558	Mailing Address 4312 CHEVAL BLVD LUTZ, FL 33558
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2. Principal Place of Business - No P.O. Box # 18724 CHOPIN DRIVE	3. Mailing Address 18724 CHOPIN DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LUTZ, FL	City & State LUTZ, FL	4. FEI Number 20-1828325	Applied For Not Applicable
Zip 33558	Country US	Zip 33558	Country US

6. Name and Address of Current Registered Agent SPIARS, ROBERT C 4312 CHEVAL BLVD LUTZ, FL 33558		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIARS, ROBERT C 4940 RIDGEMOOR CIR PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIARS, ROBERT C 18724 CHOPIN DRIVE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000140052500 01/08/09--01032--009 ***300.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

REINSTATEMENT 08-09KS

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: Robert Spiars 1/5/09 727-798-6004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #