

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000062639

1. Entity Name  
19TH HOLE PRO AM, INC.



Principal Place of Business  
3847 N US HWY 1  
FORT PIERCE, FL 34946

Mailing Address  
3847 N US HWY 1  
FORT PIERCE, FL 34946

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



4. FEI Number  
65-0912626

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAZEL, DAVID A  
357 6TH AVE W  
BRADENTON, FL 34205

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

*David A. Hazel*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 29, 08

FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME HAZEL, DAVID A  
STREET ADDRESS 1932 25TH AVE  
CITY- ST- ZIP VERO BEACH, FL 32960

TITLE  
NAME  
STREET ADDRESS 200136578022  
CITY- ST- ZIP 10/02/08--01038--016 \*\*750.00

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CITY- ST- ZIP

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:

*David A. Hazel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 29, 08

Date

772-467-2566

Daytime Phone #