



2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000017514						FILED 08 DEC -1 AM 11: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name PLAY MY GOLF COURSE INC.				Principal Place of Business 12321 WOODLANDS CIRCLE DADE CITY, FL 33525					
Mailing Address 12321 WOODLANDS CIRCLE DADE CITY, FL 33525									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						11202008 REIN-P CR2E098 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						4. FEI Number 22-3921399	
City & State		City & State						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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, Spiegel & Utrera, P.A.									
SIGNATURE <i>[Signature]</i> Natalia Utrera, Vice President				11-28-08 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.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOGABOAM, DEAN 12321 WOODLANDS CIRCLE DADE CITY, FL 33525			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600139040106 12/16/08--01003--006 **150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOGABOAM, DEREK 12321 WOODLANDS CIRCLE DADE CITY, FL 33525			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELISLE, TOM 12321 WOODLANDS CIRCLE DADE CITY, FL 33525			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OWENS, PATRICIA 12321 WOODLANDS CIRCLE DADE CITY, FL 33525			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hogaboam, Patricia (name change)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> Dean Hogaboam, President				11/20/2008 352-588-0189					