

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 19 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34067**

1. Corporation Name

GOLFSOUTH MANAGEMENT, INC.

Principal Place of Business

Mailing Address

880 S. PLEASANTBURG DR.
BLDG. 1
GREENVILLE SC 29607
US

P.O. BOX 2324
GREENVILLE SC 29602

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

57-0931428

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	TUCK, N. BARTON JR.	880 S. PLEASANTBURG DR.	GREENVILLE SC 29607
V	HUNTER, DERRELL E	880 S. PLEASANTBURG DR.	GREENVILLE SC 29607
CCEO	BORN, RICHARD	880 S. PLEASANTBURG DR.	GREENVILLE SC 29607
PS	BOCKS, DERON	880 S PLEASANTBURG DR	GREENVILLE SC 29607
P	VAN NEWKIRK, SCOTT	880 S PLEASANTBURG DR	GREENVILLE SC 29607
			800004745728--0 -12/31/01--01103--002 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
120 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

800004745728--0

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

-12/31/01--01103--003
*****8.75 *****8.75

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

12-19-01

REGISTERED AGENT MUST SIGN

Mary Adams, Asst. Secy.

11. 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 under section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Van Newkirk
Date

(864)
12/10/01 672-4643
Daytime Phone #