

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 11 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # RP92000012707

1. Corporation Name

COMPUTER GOLF SOFTWARE, INC.

2. Principal Office Address

1700 SW 12TH AVENUE

3. Mailing Office Address

1700 SW 12TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33486

Country

USA

Zip

33486

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/18/92

5. FEI Number

65-0400872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

J. NEIL HAYNIE

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

1700 SW 12TH AVENUE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33486

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date

5/30/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	J. NEIL HAYNIE	1700 SW 12TH AVENUE	BOCA RATON, FL 33486
S, T, D	SUSAN I. HAYNIE	1700 SW 12TH AVENUE	BOCA RATON, FL 33486
VP, D	KEVIN HAYNIE	1700 SW 12TH AVENUE	BOCA RATON, FL 33486

REINSTATEMENT 00-01

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10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. NEIL HAYNIE

Date

5/30/01

Daytime Phone #

(561) 392-6740

CR2E081 (9/00)