

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA3000061702

1. Corporation Name

Putter Around II, INC.

2. Principal Office Address - No P.O. Box #

4900 Linton Blvd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

35

Suite, Apt. #, etc.

City & State

Delray Beach, FL.

City & State

Zip

33445

Country

Palm Beach

Zip

Country

7. Name and Address of Current Registered Agent

Name

Richard Conragan

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

4900 Linton Blvd

Suite, Apt. #, Etc.

35

City

Delray Beach

State

FL

Zip Code

33445

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

Richard Conragan

REGISTERED AGENT MUST SIGN

Date

4/2/10

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
<u>P</u>	<u>Richard Conragan</u>	<u>4900 Linton Blvd. #35</u>	<u>Delray Beach, FL. 33445</u>
<u>V</u>	<u>Susan P. Conragan</u>	<u>4900 Linton Blvd. #35</u>	<u>Delray Beach, FL. 33445</u>

10. E-mail Address:

Putter 11 @ BellSouth.NET

(To be used for future annual report notification)

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. I further certify, 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:

Richard Conragan Pres. Richard Conragan Pres. 4/2/10 (56:1) 996-5711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR -5 PM 3:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100174524331
04/05/10--01057--018 **1350.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida

09/02/1993

5. FEI Number

650432060

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.