

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

09 FEB 24 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033442

1. Corporation Name

Golfers World of Sebring, Inc

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

4630 S. Kirkman Rd

Suite, Apt. #, etc.

Suite 129

City & State

Orlando, FL

Zip

32811

Country

USA

3. Mailing Office Address

4630 S. Kirkman Rd

Suite, Apt. #, etc.

Suite 129

City & State

Orlando, FL

Zip

32811

Country

USA

REINSTATEMENT

CR2081 (10/08)

08-09

4. Date Incorporated or Qualified To Do Business in Florida

5-03-1994

5. FEI Number

650486659

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

Jeffrey Moorman

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

4630 S. Kirkman Rd

Suite, Apt. #, Etc.

Suite 129

City

Orlando

State

FL

Zip Code

32811

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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent

Jeffrey Morgan

REGISTERED AGENT MUST SIGN

Date 2-15-09

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
CEO	Jeffrey Morgan	4630 S. Kirkman Rd Suite 129	Orlando, FL 32811
Pics	John Stabler	4630 S. Kirkman Rd Suite 129	Orlando, FL 32811

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02/24/09--01004--004 **300.00

10. I certify that I am an officer or director of 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 contained in Chapter 118, 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:

Jeffrey Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF TRADING OFFICER OR DIRECTOR

2-15-09

Date

407-926-8211

Daytime Phone #