

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P94000052881

1. Corporation Name  
 GOLF CARS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3572 SE DIXIE HIGHWAY STUART FL 34997 US	3572 SE DIXIE HIGHWAY STUART FL 34997 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/18/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2128253	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

FILED  
 99 NOV 22 PM 4:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

REINSTATEMENT 99

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CB	GLOUGH, JOHN	3572 SE DIXIE HIGHWAY	STUART FL
V	JOHNSON, CHARLES	3572 SE DIXIE HIGHWAY	STUART FL
T	BOYCE, GRAYSON G	RT. 29, BOX 158	COLLEGEVILLE PA
S	SHOAP, MARIE	RT. 29, BOX 158	COLLEGEVILLE PA
P	KELLY, JOSEPH A. SR.	RT 29, BOX 158	COLLEGEVILLE PA

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BLANTON, EDWIN F ESQ. 825 THOMASVILLE ROAD TALLAHASSEE FL 32303	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc. 588882058605-5
	City 12/03/99-01015-020 750.00 750.00 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0506, F.S.  
 Signature of Registered Agent: [Signature] **REQUIRED** Date: 11/19/99  
 REGISTERED AGENT MUST SIGN

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 807 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** Date: 10/22/99 610-489-1402  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #