

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000056798**

1. Corporation Name

GOLDEN OCALA GOLF COMPANY, INC.

Principal Place of Business

7300 US HWY 27
OCALA FL 34482

Mailing Address

7300 US HWY 27
OCALA FL 34482

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1994

5. FEI Number

59-3265872
59-3247405

Applied For

Not Applicable

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
D	FEKER, ALLAN	660 VIRGINIA PARK DR.	LAGUNA BEACH CA 92651
PT	ALLAN FEKER	660 VIRGINIA PARK DR	LAGUNA BCH CA 92651
VS	MARYANN MOORE	7300 US HWY 27	OCALA FL 34482
			LS

8. Name and Address of Current Registered Agent

GARDNER, J STEPHEN
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name Maryann Moore
Street Address (P.O. Box Number is Not Acceptable)
1 Beagles Rest
Suite, Apt. #, Etc.

City Ormond Beach State FL Zip Code 32174

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

Maryann Moore

REGISTERED AGENT MUST SIGN

Date

11/4/99

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:

Maryann Moore, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/99

Daytime Phone #

352-629-6225