

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

P94000059475

FILED

DOCUMENT # P94000059475

1 Corporation Name

Pro Golf Warehouse, Inc.

96 DEC 19 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

Principal Place of Business

2545 W. 80 Street, #12
Hialeah, Florida 33016

400002048024--6
-01/07/97--01076--012
****375.00 ****375.00

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

DO NOT WRITE IN THIS SPACE

2 New Mailing Address, If Applicable

7555 West 20 Avenue

3. New Principal Office Address, If Applicable

7555 West 20 Avenue

4. Date Incorporated or Qualified
To Do Business in Florida

8/11/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0511936

Applied For

Not Applicable

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33014

Country

USA

Zip

33014

Country

USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S/D	Joe LaRue	7555 West 20 Avenue	Hialeah, Florida 33014

REINSTATEMENT

96

LFg 1-2-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jerry B. Katzen
7700 North Kendall Drive
Suite 610
Miami, Florida 33156

Name

Joe LaRue

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

7555 West 20 Avenue

Suite, Apt. #, etc.

City

Hialeah

State

FL

Zip Code

33014

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

Joe LaRue

REGISTERED AGENT MUST SIGN

Date November 30, 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Joe LaRue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joe LaRue

11/30/96 (305) 822-5300

Date

Daytime Phone #