

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 SEP 19 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063828

1. Corporation Name

BG Golf Classics, Inc.

2. Principal Office Address

5402 Leilani Drive

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip

33706

Country

U.S.A.

3. Mailing Office Address

5402 Leilani Drive

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip

33706

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/1994

5. FEI Number

593262609

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

500023301785  
09/24/03--01018--007 \*\*1350.00

7. Name and Address of Current Registered Agent

Name

Ann Grace

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

5402 Leilani Drive

Suite, Apt. #, Etc.

City

St. Pete Beach

State

FL

Zip Code

33706

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

Ann Grace

REGISTERED AGENT MUST SIGN

Date

9-18-03

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
P	Bobby Grace	5402 Leilani Drive	St. Pete Beach, FL 33706
S	Ann Grace	5402 Leilani Drive	St. Pete Beach, FL 33706

REINSTATEMENT 99-03 TS

10. 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(9)(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: X

Ann Grace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

9-18-03

Date

Daytime Phone #

727-204-7425

CR2E081 (10/02)