

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000087194**

1. Corporation Name

40+ GOLF, INC.

FILED

97 FEB 26 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Number was issued incorrect in 1994 - This number 59-3285247 is correct. L.A.

Principal Place of Business

Mailing Address

**118 W. ORANGE STREET
ALTAMONTE SPRINGS, FL
32714**

**c/o A-PLUS ACCOUNTING
118 W. ORANGE STREET
ALTAMONTE SPRINGS, FL 32714**

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

12/1/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-3285247**
~~59-3288589~~

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CV	JAMES L. BARFIELD	459 DENTON COURT	HEATHROW, FL 32746
PTS	LORETTA A. STURGILL	459 DENTON COURT	HEATHROW, FL 32746
400002101704--7 -03/03/97--01005--012 *****923.75 *****923.75			
REINSTATEMENT 16-97			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**STURGILL, LORETTA A.
459 DENTON COURT
HEATHROW, FL 32746**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Loretta A. Sturgill

REGISTERED AGENT MUST SIGN

Date **2/25/97**

11. 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.)

12. 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

Loretta A. Sturgill

LORETTA A. STURGILL, PRES.

FEB. 25, 1997 (407) 682-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #