

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF THE
DIVISION OF CORPORATION

03 APR 11 AM 10:43

DOCUMENT # P95000057062 (8)

1. Corporation Name FAMILY GOLF CENTER, INC.

REINSTATEMENT 02-03

300015748853

04/11/03--01034--003 **908.75

2. Principal Office Address

2 COVINGTON LANE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PALE COAST

Zip

32137

Country

City & State

FLA. SAME

Zip

32137

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 24, 1995

5. FEI Number

59-3344691

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT FEDERICO

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

2 COVINGTON LANE

Suite, Apt. #, Etc.

City

PALE COAST, FLA

State

FL

Zip Code

32137

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

Robert Federico

REGISTERED AGENT MUST SIGN

Date 4/1/03

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
<u>President</u>	<u>Robert Federico</u>	<u>2 Covington Lane</u>	<u>Palm Coast, FL 32137</u>
<u>Secretary</u>	<u>JOHN OLIVA</u>	<u>1 JOHN ANDERSON DR</u> <u>(APT. # 721)</u>	<u>Ormond Beach, FL 32176</u>
<u>DR</u>	<u>PAT OLIVA</u>	<u>1 JOHN ANDERSON DR</u> <u>(APT # 721)</u>	<u>Ormond Beach, FL 32176</u>

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(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: Robert Federico (ROBERT FEDERICO), Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/1/03

Daytime Phone # 386-446-3447

CR2E081 (10/02)