

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1012

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 FEB 10 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000090225**

1. Corporation Name

TRANSATLANTIC GOLF CORPORATION

Principal Place of Business

Mailing Address

7717 BOLD LAD ROAD

7717 BOLD LAD ROAD

**PALM BEACH GARDENS
FLA 33418**

**PALM BEACH GARDENS
FLA 33418**

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

REINSTATEMENT 910-97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

DEC 12 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ 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
P.O.	WRIGHT COLIN	7717 BOLD LAD ROAD	PALM BEACH GARDENS FLA 33418

800002085798--5

-02/12/97--01120--004

*****915.00 ***915.00**

910-11-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

WRIGHT, COLIN
7717 BOLD LAD ROAD
PALM BEACH GARDENS FL 33418

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

REGISTERED AGENT MUST SIGN

Date **2/2/97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/97

407 627 1800

Date

Daytime Phone #

CR2E040 (12/96)

JAN 17 '97 12:29

GUZMAN C H

- 1 - 2

Pg. 2042

Form **SS-4**
(Rev. December 1995)**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

Department of the Treasury
Internal Revenue Service

Keep a copy for your records.

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

COLIN M. WRIGHT

2 Trade name of business (if different from name on line 1)

TRANSATLANTIC GOLF CORPORATION

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

717 BOLDADO ROAD

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

PALM BEACH GARDENS

5b City, state, and ZIP code

FLA 33418

6 County and state where principal business is located

PALM BEACH FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee - SSN required (See instructions.)

COLIN M. WRIGHT

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole Proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☐ Personal service corp.☒ Limited liability co.☐ National Guard☐ Estate (SSN of decedent)☐ Plan administrator - SSN☒ Other corporation (specify) ▶☐ Trust☐ Federal Government/military☐ Farmers' cooperative☐ Church or church-controlled organization

(enter GEN if applicable)

MANAGEMENT COMPANY

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ▶ MANAGEMENT CO.☐ Hired employees☐ Created a pension plan (specify type) ▶☐ Banking purpose (specify) ▶☐ Changed type of organization (specify) ▶☐ Purchased going business☐ Created a trust (specify) ▶☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)

11 - 27 - 95

11 Closing month of accounting year (See instructions.)

DEC 31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

NONE

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural

Agricultural

Household

0

0

0

14 Principal activity (See instructions.) ▶

GOLF COURSE MANAGEMENT

15 Is the principal business activity manufacturing?

NO

☐ Yes☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Business (wholesale)☒ Public (retail)☐ Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business?

☒ Yes☐ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

~~COLIN M. WRIGHT~~

Trade name ▶

~~TRANSATLANTIC GOLF CORPORATION~~

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and State where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

561 627 1800

Fax telephone number (include area code)

561 775 3672

Name and title (Please type or print clearly.) ▶

COLIN M. WRIGHT

Signature ▶

Date ▶

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying

For Paperwork Reduction Act Notice, see page 4.

Form **SS-4** (Rev. 12-95)