

PLEASE READ ALL INSTRUCTIONS

ING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -9 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000090225

1. Corporation Name

TRANSATLANTIC GOLF CORPORATION

100054904781
05/20/05--01018--008 ***1200.00

REINSTATEMENT 02-05

2. Principal Office Address

115 CORAL CAY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

11211 PROSPERITY FARMS ROAD

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL PALM BEACH GARDENS, FL

Zip

33418

Country

USA

Zip

33410

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/27/1995

5. FEI Number

65-0729129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

COLIN WRIGHT

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

C/O MIGUEL A GUZMAN, CPA, P.A. 11211 PROSPERITY FARMS ROAD

Suite, Apt. #, Etc.

SUITE A-102

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

REGISTERED AGENT MUST SIGN

Date

5/6/05

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
PD	WRIGHT, COLIN	115 CORAL CAY DRIVE	PALM BEACH GARDENS, FL 33418

5/16

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLIN WRIGHT

5/6/05
Date

561 301 3300
Daytime Phone #

CR2E081 (01/05)