

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000003958**

1. Corporation Name

ONE GOLF, INC.

Principal Place of Business

**34450 WHISPERING OAKS BLVD
RIDGE MANOR FL 33523
US**

Mailing Address

**34450 WHISPERING OAKS BLVD
RIDGE MANOR FL 33523
US**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1996

5. FEI Number

59-3377577

Applied For

Not Applicable

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	4 City / State / Zip
P	WON, PHIL	15350 AMBERLY DRIVE, #1221	TAMPA FL 33647

200003033282--7
-11/02/99--01111--006
****150.00 ****150.00

Phil

8. Name and Address of Current Registered Agent

**WON, PHIL
15350 AMBERLY DRIVE, #1221
TAMPA FL 33647**

9. Name and Address of New Registered Agent

Name

PHIL WON

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

35041 WHISPERING OAKS BLVD

Suite, Apt. #, Etc.

RIDGE MANOR, FL

City

State

Zip Code

FL

33523

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

Phil

REGISTERED AGENT MUST SIGN

Date

OCT 19/1999

11. 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

OCT 19/1999

Date

(352) 583-4233

Daytime Phone #