

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 21 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000023021

1. Corporation Name

FLORIDA GOLF & RECREATION CENTER
INC.

2. Principal Office Address

8342 NEW YORK AVE

Suite, Apt. #, etc.

City & State

HUDSON FL.

Zip

34667

Country

PASCO

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

96 MAR 13

5. FEI Number

59-3373002

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Registered Agent

Name

GERALD W. ROWE

Street Address (P.O. Box)

8342 NEW YORK AVE

Suite, Apt. #, Etc.

City

HUDSON

State

FL

Zip Code

34667

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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>DIR</u>	<u>GERALD W. ROWE</u>	<u>8342 NEW YORK</u>	<u>HUDSON FL. 34667</u>
<u>PRES</u>	<u>SAME</u>		
<u>SEC.</u>	<u>SAME</u>		
<u>TREAS</u>	<u>SAME</u>		

300049375923
03/29/05--01067--005 **1200.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-863-0793

Daytime Phone #

CR2E081 (07/04)