

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -6 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044898

1. Corporation Name

Woodhaven Family Golf Center, Inc.

2. Principal Office Address

2018 Proude Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Zip

33953

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/96

5. FEI Number

65-0637620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2001-2002 VBR

7. Name and Address of Current Registered Agent

Name

Hamilton, Charles P.

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

2018 Proude Street

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33953

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

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
D	Hamilton, Charles P.	2018 Proude Street	Port Charlotte, FL 33953
C	Hamilton, Kristine A.	2018 Proude Street	Port Charlotte, FL 33953

800005978258-3
-06/25/02--01062--02
****300.00 ****300.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kristine A. Hamilton 4/30/02 (941) 691-8942

282

Woodhaven Family Golf Center, Inc.
2018 Proude Street
Port Charlotte FL 33953
65-0637620

April 30, 2002

To Whom It May Concern,

Please accept the 2001 Uniform Business Report enclosed as timely filed, along with our check for \$150.00. We have also enclosed the 2002 Uniform Business Report with payment for \$150.00.

We never received the form in the year 2001 or in 2002. In communication from our accountant, we became aware that there was a filing requirement. We immediately called the Division of Corporations and it was then that we became aware that the address was wrong and we never received the forms or dissolution forms. Per your office instructions, we have filled out both UBR's and the reinstatement form and enclosed the original filing fees totaling \$ 300.00.

Thank you,



President