

10/01/98

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NO.011

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071412

1. Corporation Name

FAIRWAY SPORTS, INC.

FILED

98 OCT -9 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1111 North Westshore
Suite 300
Tampa, FL 33607

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

841351409

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Thomas Taggart	1111 North Westshore, #300	Tampa, FL 33607
V.P.	Thomas Taggart	"	200002663352-7 -10/14/98-01037-008
Sect.	Thomas Taggart	"	****908.75 ****908.75
Treas.	Thomas Taggart	"	FB 10/12
			REINSTATEMENT 9/2-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Thomas Taggart
1111 North Westshore
Suite 300
Tampa, FL 33607

Name

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

Suite, Apt. #, etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am tendering unto and accept this obligation of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-1-98

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 of the receiver or trustee authorized to execute this application as required by chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the receiver or trustee 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 status of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), 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:

Thomas Taggart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
as President and Registered Agent

Date

Daytime Phone #