

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF STATE

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DOCUMENT # P96000102037

1. Corporation Name

GREATER ORLANDO GOLF DESTINATIONS, INC.

Principal Place of Business

Mailing Address

290 WAYMONT CT
SUITE 100
LAKE MARY FL 32746
US

P O BOX 951422
LAKE MARY FL 32795-422
US



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

REINSTATEMENT

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2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

330 Waymont Ct

City & State

City & State

Lake Mary, FL

Zip

Country

Zip

Country

32746 USA

5. FEI Number

59-3418497

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WINN, KENNY M	3200 SERALAGO BLVD	KISSIMMEE FL
VP	HAUER, BRAD	2100 HIAWASSEE RD S	ORLANDO FL 32835
TS	JAMISON, LINDA G	290 WAYMONT CT #100	LAKE MARY FL 32746
S	HAUER, BRAD	2100 HIAWASSEE RD	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMISON, MICHAEL W
401 TIMBERLACHEN CIR
SUITE 202
LAKE MARY FL 32746

Name

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

330 Waymont Ct

Suite, Apt. #, Etc.

12/05/00--01074--029

City

Lake Mary

***758.75 ***758.75

FL 32746

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

SIGNATURE REQUIRED

Date 11/13/00

REGISTERED AGENT MUST SIGN

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

11/13/00

Date

407-321-5326

Daytime Phone #