


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 CORPORATIONS

01 OCT 24 PM 6:28

DOCUMENT # P97000016427

1. Corporation Name

BEST VALUE GOLF PRODUCTS, INC.

Principal Place of Business

Mailing Address

401 S PARSONS AVE
 STE G
 BRANDON FL 33511

401 S PARSONS AVE
 STE G
 BRANDON FL 33511



REINSTATEMENT

01

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

2. New Principal Office Address, if Applicable

~~3134 E. STATE RD 60~~

3. New Mailing Office Address, if Applicable

~~3134 E. STATE RD 60~~

4. Date Incorporated or Qualified To Do Business in Florida

02/17/1997

Suite, Apt. #, etc.

~~VALRICO, FL 33594~~

Suite, Apt. #, etc.

~~VALRICO, FL 33594~~

City & State

City & State

5. FEI Number

59-3432569

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	PREZIOSI, LOUIS	440 E. BRANDON BLVD.	BRANDON FL 33511
S	GIBBS, WILLIAM E	440 E. BRANDON BLVD.	BRANDON FL 33511
P	PREZIOSI, LOUIS	3134 E STATE RD. 60	VALRICO, FL. 33594
V	GIBBS, WILLIAM E.	3134 E STATE RD. 60	VALRICO, FL 33594
			100004683421--3 -11/15/01--01023--012 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIBBS, WILLIAM E
 11418 BLOOMINGDALE AVE.
 RIVERVIEW FL 33569

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

William E. Gibbs
 REGISTERED AGENT MUST SIGN

Date

10-19-01

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:

William E. Gibbs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM E. GIBBS 10-19-01 813-655-3626

CR2004(8/01)