

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 MAR -3 PM 9:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 797000034049

1. Corporation Name
 K.I.S.S. GOLF FOR WOMEN, INC.

Principal Place of Business Mailing Address
 678 LAMBTON LANE 678 LAMBTON LANE
 NAPLES, FL. 34104 NAPLES, FL. 34104

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida	04-14-97
5. FEI Number	59-3440489
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/T	VAN DER VELDE, ANNE-MARIE	678 LAMBTON LANE	NAPLES, FL. 34104
V/S	MCCABE, LORIE	350 3 RD AVE S. #B1	NAPLES, FL. 34102
<p>REINSTATEMENT 98-19 B. 3/5/99</p> <p>300002799283-0 -03/09/99-01055-007 ****900.00 ****900.00</p>			

8. Name and Address of Current Registered Agent

VAN DER VELDE, ANNE-MARIE
 678 LAMBTON LANE
 NAPLES, FL. 34104

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State **FL** Zip Code

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 X *Anne-Marie van der Velde* REGISTERED AGENT MUST SIGN Date X 2/27/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: X *Anne-Marie van der Velde* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date X 2/27/99 Daytime Phone #

CR2001 (12/98)