

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04-14-97	
City & State		City & State		5. FEI Number	
Zip		Country		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 <sup>RD</sup> AVE S. #B1	NAPLES, FL. 34102
<p><b>REINSTATEMENT</b> 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		9. Name and Address of New Registered Agent	
VANDER VELDE, ANNE-MARIE		Name	
678 LAMBTON LANE		Street Address (P.O. Box Number is Not Acceptable)	
NAPLES, FL. 34104		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 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 #

CR2E01 (12/98)