

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FILED

**CORPORATION
REINSTATEMENT**



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

02 APR 26 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9700006 44420**

1. Corporation Name

The Golf Challengee, Inc.

200005493152--0
-05/09/02--01003--022
*****300.00 *****300.00

2. Principal Office Address

207 O'Brien Road

Suite, Apt. #, etc.

Suite 115

City & State

Fern Park, FL

Zip

32730

Country

USA

3. Mailing Office Address

207 O'Brien Road

Suite, Apt. #, etc.

Suite 115

City & State

Fern Park, FL

Zip

32730

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/15/1997

5. FEI Number

59-2463133

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

The Golf Challenger, Inc., Scott Lee

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

207 O'Brien Road

Suite, Apt. #, Etc.

Suite 115

City

Fern Park

State

FL

Zip Code

32730

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Chris Lee

Date

4/19/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Scott Lee	207 O'Brien Rd., Ste 115	Fern Park, FL 32730
CD	Chris Lee	207 O'Brien Rd., Ste 115	Fern Park, FL 32730

10. 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:

Chris Lee CD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

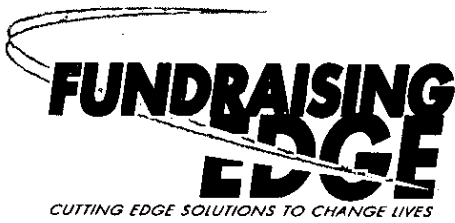
3/26/02

Daytime Phone #

407-786-1161

CR2E081 (8/01)

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March 27, 2002

Dear Florida Division of Corporations,

Due to the fact that our annual report was sent to our old address, our corporation status was dissolved. We are submitting our reinstatement form with all current information to avoid this from happening in the future. We have also enclosed our check for reinstatement.

Thank you,

A handwritten signature in cursive script, appearing to read "Chris".

Chris Lee
CD