2000	UNIFORM BUSI	NESS REPO	RT	(UBR)							(KARBER)	
DOCUMENT # P97000055076 1. Entity Name							5 1945 1945	FI CRETAR ION OF C	LEU Y OF 5	ian.	•	
WT GOL	F CLUB, INC.			00	MAR 30	DM IO	ATIO _{NE}					
Principal Place	e of Business	Mailing Address							rn 12:	53		
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2. Principal P	lace of Business	3. Mailing Address										
 Suite, Apt. 	#, etc.	Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS SP			-	
City & State	e	City & State				El Number	36-417185	1		olied For Applicable		
Zip	Country	Zip Country			5. Certificate of Status Desired Fee Required							
	6. Name and Address of Current Ro	egistered Agent		Name	7. N	iame a <u>nd Ac</u>	dress of New R	egistered Ag	jent	<u> </u>	-	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					et Address (P.O. Box Number is Not Acceptable)							
	VTATION FL 33324		City					Zip Code	······	4		
							FL	· ·		4		
	named entity submits this statement for t	the purpose of changing its i	registeri	ed office or reg	istered age	ant, or Doln, I	In the State of Fic	inda.				
SIGNATURĘ .	Signature, typed or printed name of registered agent ark	d title if applicable. (NOTE	: Registere	d Agent signature re	quired when re	instating)		DATE				
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW! After MAY 1, 200 Make Check Payab	00 Fee	will be \$550.			on Campaign Fir Fund Contributio	· · · · ·	\$5.0 Added	D May Be to Fees		
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indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with TURE:	rue and accurate and that m vered to execute this report a	iv siana	ture shall have red by Chapter	the same l	egal effect a da Statutes; (s if made under	oath: that I an	n an officer	or director	5	
	SIGNATURE AND TYPED OF PRI	INTED NAME OF SIGNING OFFICER (OR DIREC	TOR			Date	Day	time Phone #			

(RADED)

PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
	FLORIDA DEPARTMENT OF STATE Katherine Harrís Secretary of State DIVISION OF CORPORATIONS	COMPLETING THIS FORM. FILED SECRETARY OF STATE FILED SECRETARY OF STATE
DOCUMENT #P940000496	58 (1)	
1. Corporation Name PAULA ENTERPRISES, INC		
v	•	
2. Principal Office Address	3. Mailing Office Address	-
2765 W. Cypress Creek	Rd 2765 W. Cypress Creek	Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Būsiness in Florida 01/21/1994
Ft. Lauderdale, Florid	aFt. Lauderdale, FL	5. FEI Number Applied For 65-0462385 Not Applicable
Zip 33309 Country Broward	Zip 33309 Broward	6. CERTIFICATE OF STATUS DESIRED X S8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Registe	
Name FARBSTEIN, DAVID	R.	7000031989570 -04/06/0001036013 -04/06/0001036013
Street Address (P.O. Box Number is N		*****3US. (5 **** 32 0.10
2765 W. Cypress Suite, Apt. #, Etc.	Creek Road	
City Ft. Lauderdale		State Zip Code FL 33309
	ove name for poration, am familiar with and accept the c	
Signature of	1 for	bligations of section 607.0505 or 617.0503, F.S.
Registered Agent R	EGISTERED AGENT MUST SIGN	Date _ March _ 27, _ 2000 문
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo	
D Levin, Paula L.	2765 W. Cypress	Creek Rd Ft. Lauderdale, FL33309
	· · · · · · · · · · · · · · · · · · ·	
		- Prial.
		<u>}</u>
this reinstatement application, the reason for dis- owed by the corporation have been paid and the on this application is true and accurate, and my so SIGNATURE:	solution has been eliminated, the corporate name satisfie: names of individuals listed on this form do not qualify for signature shall have the same legal effect as if made under Autophasside the same legal effect as if made under	provided for in chapter 607 or 617, F.S. I further certify that when filing s the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated er oath. <u>March 27, 2000 (954) 563-8949</u> Date Daytime Phone #
PAVLALL-LEVI		



2765 West Cypress Creek Road Ft. Lauderdale, Florida 33309 March 27, 2000

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE: DQCUMENT #P9400004968 (1)

Gentlemen:

Your records shall reveal that the above captioned corporation was incorporated on January 21, 1994. And each and every year we have filed our annual report with your agency in a timely fashion.

However, it was brought to our attention, for the very first time, a few weeks ago, that we failed to refile for the year 1999.

Our resident agent, David Farbstein, did not receive the renewal form for 1999. And, therefore, he did not provide us with the renewal form - as has been our customary way of handling this in the past.

Please understand that during the course of the year we receive numerous billings and forms to be completed. And we are very conscientious in completing and sending all forms and billings out in a timely fashion. In fact, we have never deviated from this policy in all our years in business. And 1999 would have been no exception to this.

The ONLY reason the 1999 report was not returned to you was due to the fact that it was not received by our resident agent or us. Our past record with your agency should attest to this - and I hope that you will believe me.

Enclosed you will find correspondence from our registered agent which cooperates my explanation.

Also enclosed is a completed corporation reinstatement form. I was instructed via phone by your agency to send the sum of \$300 along with this form, which I am doing, along with \$8.75 additonal for a Cirtificate of Status.

Please give consideration to my explanation, and refrain from penalizing us - for I am relating to you the absolute truth. Thank you.

Very truly yours,

Paula L. Levin President Paula Enterprises, Inc.

PLEASE READ ALL INSTRUCTIONS DELYNWR CANNEL CONN CANNEL THE DELWYN AR YDD. NAW DELYNWR CANNEL CANNEL THE DELWYN AR YDD. ALL ANNEL DELYNWR CANNEL		P	LEASE READ	ALL INS	TRUCTI	ONS	S BEFORE	COMPL	ETI	NG ÍTI				
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Fort Lauderdale FL 33309 3. I, being appointed the registered agent of the boye name of corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Date March 27, 2000 Signature of registered Agent Date March 27, 2000 Date March 27, 2000 REGISTERED AGENT MUST SIGN Date March 27, 2000 City / Sign / Zip Titles Officers and/or Director Street Address of Each Officer and/or Directors City / Sign / Zip D D D City / Sign / Zip Directors City / Sign / Zip D Levin Paula L 2765 W. Cypress Creek Rd Ft. Lauderdale, FL 33 Officer of Norman A 2765 W. Cypress Creek Rd Ft. Lauderdale, FL 33 Officer of incoror of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Hurther certify that when filing this reinstatement application, the reason for disolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all tees owed by the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. The information indicated on this dom to not quality for an exemption under section 119.07(3)(), 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 cath.		DAVID Street Addre 2765 W	ss (P.O. Box Number is est Cypres	Not Acceptable					61	{)4/U6/UUU1096	, ₩ 21	U	
Signature of Registered Agent Date March 27, 2000 B. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Itel March 27, 2000 Intel Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip D Levin Paula 2765 W. Cypress Creek Rd Ft. Lauderdale, FL 33 I Levin 'Norman A 2765 W. Cypress Creek Rd Ft. Lauderdale, FL 33 I Levin 'Norman A 2765 W. Cypress Creek Rd Ft. Lauderdale, FL 33 I Levin 'Norman A 2765 W. Cypress Creek Rd Ft. Lauderdale, FL 33 I Levin 'Norman A 2765 W. Cypress Creek Rd Ft. Lauderdale, FL 33 I Levin 'Norman A 2765 W. Cypress Creek Rd Ft. Lauderdale, FL 33 I Levin 'Norman<		11 1	auderdale		1	-								
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SIGNATURE: Q. Torm PRESIDENT March_27, 2000 (954) 525-5555 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this rei owed t on this	instatement application is transformed to the corporation is transformed to the corporation of the corporation is transformed to the corporation of the corporation o	ication, the reason for d n have been paid and th ue and accurate, and my	issolution has be ne names of indiv y signature shall	en eliminated, f viduals listed on have the same	the cor this fo legal e	porate name satisf rm do not qualify f ffect as if made un	ies the require or an exemption Ider oath.	ments on unde	of section er section	607.0401 or 617.0401, F.S. 119.07(3)(i), F.S. The inform	, that all f ation indi	ees cated	

2765 West Cypress Creek Road Ft. Lauderdale, Florida 33309 March 27, 2000

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE: DOCUMENT #P93000074497 (7)

Gentlemen:

Your records shall reveal that the apove captioned corporation was incorporated on October 21, 1993. And each and every year we have filed our annual report with your agency in a timely fashion.

However, it was brought to our attention, for the very first time, a few weeks ago, that we failed to refile for the year 1999.

Our resident agent, David Farbstein, did not receive the renewal form for 1999. And, therefore, he did not provide us with the renewal form - as has been our customary way of handling this in the past.

Please understand that during the course of the year we receive numerous billings and forms to be completed. And we are very conscientious in completing and sending all forms and billings out in a timely fashion. In fact, we have never deviated from this policy in all our years in business. And 1999 would have been no exception to this.

The ONLY reason the 1999 report was not returned to you was due to the fact that it was not received by our resident agent or us. Our past record with your agency should attest to this - and I hope that you will believe me.

Enclosed you will find correspondence from our registered agent which cooberates my explanation.

Also enclosed is a completed corporation reinstatement form. I was instructed via phone by your agency to send the sum of \$300 along with this form, which I am doing, along with \$8.75 additional for a Cirtificate of Status.

Please give consideration to my explanation, and refrain from penalizing us - for I am relating to you the absolute truth. Thanks.

Very truly yours,

Norman A. Levin, President Miracle Management, Inc.

David R. Farbstein

ATTORNEY AT LAW



2765 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FLORIDA 33309

TELEPHONE (954) 977-7801 FAX (954) 977-9761

February 11, 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Fl. 32314

RE: Reinstatement

Dear Sirs;

Please be advised that I am the registered agent for PAULA ENTERPRISES, INC., MIRACLE MANAGEMENT, INC., and PROVIDENCE, INC. since their inception. I have always received the Annual Report forms on these corporations. I have not moved my offices, nor has the principal of these corporations moved.

. ;

I did not receive the 1999 Annual Reports for these corporations. It is blatantly unfair to assess a reinstatement fee when the corporation and the registered agent have not moved and did not receive the Annual Reports.

1.3

Very truly yours

DAVID R. FARBSTEIN, ESQ. DRF/me