


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>1997000070089</u>			
1. Corporation Name BiG League Golf, Inc. 720 Phelps Ave.			
2. Principal Office Address 720 Phelps Ave. Suite, Apt. #, etc.		3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc.	
City & State Winter Park, Fl.		City & State	
Zip <u>32789</u>	Country USA	Zip	Country

FILED
04 OCT 16 PM 12:25


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600041324236
09/24/04--01062--003 **750.00


4. Date Incorporated or Qualified To Do Business In Florida 08-12-97	
5. FEI Number 59-3462477	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name James k. Yarbrough		
Street Address (P.O. Box Number is Not Acceptable) 720 N. Phelps Ave.		
Suite, Apt. #, Etc.		
City Winter Park	State FL	Zip Code 32789

REINSTATEMENT

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 	Date <u>09-22-04</u>
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.	James K. Yarbrough	720 N. Phelps Ave.	Winter Park, Fl. 32789

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>09-22-04</u> Daytime Phone # <u>941-9158044</u>

CR2E081 (01/04)