

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -1 AM 6:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000670089

1. Corporation Name

Big League Golf, Inc.

2. Principal Office Address

720 N. Phelps Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

000017914900

05/02/03--01111--005 **300.00

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

08-12-97

5. FEI Number

59-3462477

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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

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

JAMES K. YARBROUGH
REGISTERED AGENT MUST SIGN

Date

04-30-03

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	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:

JAMES K. YARBROUGH

JAMES K. YARBROUGH

04-30-03

407-8758-008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)