

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000081812**

1. Corporation Name

**C. L. GOLF, INC.**

Principal Place of Business

Mailing Address

~~1628 LINKSIDE DRIVE WEST~~  
~~ATLANTIC BEACH FL 32233~~  
~~US~~

~~1628 LINKSIDE DRIVE WEST~~  
~~ATLANTIC BEACH FL 32233~~  
~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3059 Country Club Blvd  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3059 Country Club Blvd  
Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip Country

32073 USA

City & State

Orange Park, FL

Zip Country

32073 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/1997

5. FEI Number

59-3467398

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RAULERSON, CHARLES R JR.	1628 LINKSIDE DRIVE WEST	ATLANTIC BEACH FL 32233
VPS	RAULERSON, LIZA L.	1628 LINKSIDE DRIVE WEST	ATLANTIC BEACH FL 32233
MGR	RAULERSON, RAY	785 CRIGHTON RD	ORANGE PARK FL 32003

800024249528  
10/29/03--01035--003 \*\*150.00

8. Name and Address of Current Registered Agent

GUILD, ROBERT B  
436 JACKSONVILLE DR  
JACKSONVILLE BEACH FL 32250

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

[Signature]  
REGISTERED AGENT MUST SIGN

Date

10/28/03

11. 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] Charles R. Raulerson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

904 276 7115

CR2E040 (7/03)

Charles Raulerson, Jr.  
**CL Golf, Inc.**  
President  
3059 Country Club Blvd  
Orange Park, FL 32073

October 28, 2003

Florida Department of State  
Ms. Barbara Mitchell  
Annual Report  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Ms. Mitchell:

Thank you for taking the time to speak with me today concerning the notice of administration of CL Golf, Inc 59-346-7398.

My accountant, Mr. Dave Barley, indicated he had notified you of my change of address and included payment. He obviously did not.

Per your instructions, I have completed the form and included payment of \$ 150.00.

I hope this concludes this matter.

Sincerely,



Charles Raulerson, Jr.  
CL Golf, Inc.  
President

c: David Barley, CPA  
Ray Raulerson, Manager