

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093994

1. Corporation Name

GOLF PROMOTIONS CORPORATION

Principal Place of Business

Mailing Address

**8445 INTERNATIONAL DRIVE
SUITE 201
ORLANDO FL 32819**

**8445 INTERNATIONAL DRIVE
SUITE 201
ORLANDO FL 32819**

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

2. New Principal Office Address, If Applicable

**15552 Hidden Lake Cir.
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

**15552 Hidden Lake Cir.
Suite, Apt. #, etc.**

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

USA

Zip

34711

Country

USA

99 FEB 12 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98-99

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1997

5. FEI Number

59-3476447

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SENESI, STEPHEN A	15552 HIDDEN LAKE CIRCLE	CLERMONT FL 34711
D	BOLIN, TED A	5429 SPLIT PINE COURT	ORLANDO FL 32819

500002777525--8
-02/17/99--01016--006
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SENESI, STEPHEN A
8445 INTERNATIONAL DRIVE
SUITE 201
ORLANDO FL 32819**

Name

Stephen A. Senesi

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

15552 Hidden Lake Cir.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

FEB. 9, 1999

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

2/9/99

Date

352-217-2223

Daytime Phone #

CR2E040 (9/98)