PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR 13 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000095190 (9)

1 Corporation Name

PRIME GOLF SYSTEMS INC

Principal Place of Business	Mailing Address
921 SE COUTRAL PARKWAY STUART FL 34994	SAME

REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	921 SE COUTRAL PARKWAY Suite, Apt. #, etc.
City & State	City & State: STUART FL
Zip / Country	Zip: 34994 / Country: MARTIN

4. Date Incorporated or Qualified To Do Business in Florida: 11/4/97

5. FEI Number: 22-3554492 — ☐ 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
PRES	RONALD CORUZZI	921 SE COUTRAL PARKWAY	STUART FL 34994
SEC/TR	JOHN J. O'BRIEN	26 BLOOM LAKE DRIVE	MEDFORD NJ 08055

200003203962--0
-04/11/00--01039--026
****800.00 ****800.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RONALD CORUZZI 921 SE COUTRAL PARKWAY STUART FL 34994	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.

Signature of Registered Agent X _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (12/98)