PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations					SECRETARY OF STATE DIVISION OF CERPURATIONS 05 JUN 14 AM 8: 17								
_	JMENT	# {	198000	03579	9						ŲJ SOM					
1. Corporat Kipp Sc	tion Name :hulties G	olf Des	sign, Inc.													
	1 Office Addre		3. Mailing Office Address 3414 Greenway Drive					EMSTATEMENT 02-05								
Suite, Apt. #	, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.					4. Date incorporated or Qualified To Do Business in Florida April 20 1998							
City & State Jupiter, Florida				City & State Jupiter, Florida					5. FEI Number Applied For							nto.
zip 33458	Country United States		•	^{Zip} 33458		Country United States			6. CERTIFICATE OF STATUS DESIRED				\$8.75 Additional Fee required for a Certificate of Status			
	Name Street Address (P.O. Box, Number is Not Acceptable) Street Address (P.O. Box, Number is Not Acceptable) Suite, Apt. #, Etc. City Lake World Road State Zip Code 3 3467															
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN										f section	n 607.0505 or	617.0503,	_	» /		CR2E081 (01/05)
9. Names	and Street Ad	ddresses		d/or Director (Florida r	nonprofi	it co				ors)						
Titles	es Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo										ρ		_
PRES.	KIPP SCHULTIES				3414 GREENWAY DI				DR.		TUP	TER	FL, FL	3	345	B
VP	KIPP SCHULTIES				3414 GREENWAY						JUP	ITER,	FL	3	3458	3
sec.	KIPP SCHULTIES				3414 GEENWAY I						JUP	तस्य,	FL	33	3458	8
TOEMS,	KIPP SCHULTIES			5 3	3414 GREENWAY DE					JUP 1788, FL 33458						
										O	: 12:22	-666	800	3 3 8 *	r4 ∞*600.	.0
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 filling 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone #																



MEMORANDUM

To:

Department of State

From:

Kipp Schulties

Date:

June 3, 2005

Re:

Reinstatement of Kipp Schulties Golf Design, Inc.

I spoke with Tina (examiner) on Friday June 3 regarding the reinstatement of my company to "active" status with the Department of State. After explaining the situation and having Tina review the files at your office, she determined that I would owe \$600.00 in order to become reinstated to "active" status. Therefore, I have submitted a check for the said amount in addition to the proper forms.

Please call me at 561-373-1975 if there are any questions or concerns with this request.

Thank you

Kipp Schulties

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