

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 3:28

DOCUMENT # R80000-50146

1. Corporation Name

Executive Golf Corporation

2. Principal Office Address

4151 Coral Tree Circle

Suite, Apt. #, etc.

Suite 156

City & State

Coconut Creek

Zip

33073

Country

U.S.A.

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

Florida

Zip

Same

Country

Same

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

6-3-98

5. FEI Number

65-0845640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Randy W. Weber

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

4151 Coral Tree Circle

Suite, Apt. #, Etc.

156

City

Coconut Creek.

State

FL

Zip Code

33073

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

Randy W. Weber
REGISTERED AGENT MUST SIGN

Date

March 1, 2000

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.	Randy Weber	4151 Coral Tree Circle #156	Coconut Creek, FL 33073
V.P.	Michael Bonville	11872 SW 42nd Ct. D.	Davie, FL 33330

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-2000 (954) 975-6225

Daytime Phone #

CR2E081 (9/99)