

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000070447

1. Corporation Name

GOLF MARKETING SERVICES, INC.

2. Principal Office Address

409 MONTGOMERY ROAD

Suite, Apt. #, etc.

SUITE 135

City & State

ALTAMONTE SPRING, FL.

Zip

32714

Country

USA

3. Mailing Office Address

409 MONTGOMERY ROAD

Suite, Apt. #, etc.

SUITE 135

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/98

5. FEI Number

38-2948599

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

HOLLY GEOGHEGAN

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

5231 PALM LANE

Suite, Apt. #, Etc.

City

MOUNT DORA

State

FL

Zip Code

32757

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

Holly Geoghegan

REGISTERED AGENT MUST SIGN

Date 5/4/04

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
<u>-D-</u>	<u>HOLLY GEOGHEGAN</u>	<u>5231 PALM LANE</u>	<u>MOUNT DORA, FL 32757</u>

800039072298
07/13/04--01067--021 **900.00

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:

Holly Geoghegan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/04

Date

Daytime Phone #