

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
01-OCT-15 AM 9:10

DOCUMENT # **P99000020311**

1. Corporation Name

Perfect Golf Company

2. Principal Office Address

896 Sandalwood Pl

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Zip

34957

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0925141

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Clark E. Collins

300004653593--3

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

896 Sandalwood Pl

-10/25/01-0170-004

*****300.00 ***300.00**

Suite, Apt. #, Etc.

City

Jensen Beach

State

FL

Zip Code

34957

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

Clark E. Collins

Date

10/11/2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Pres</i>	<i>Clark E. Collins</i>	<i>896 Sandalwood Pl</i>	<i>Jensen Beach, FL 34957</i>

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)(b), 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:

Clark E. Collins

Pres

CLARK E. COLLINS

Date

10/11/2001

Daytime Phone #

561-219-3600

October 11, 2001

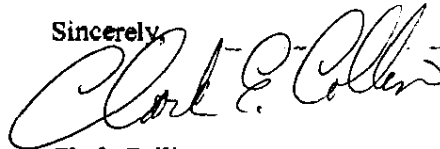
Florida Department of State
Division of Corporations
Reinstatement Department
PO Box 6327
Tallahassee, FL 32314

RE: Perfect Golf Company
Doc #: P99000020311

Dear Sir or Madam:

Enclosed you will find a copy of my re-instatement form for Perfect Golf Company. I am the Sole owner and director of Perfect Golf Company. I had originally set up this company with an attorney out of West Palm Beach who had in turn attempted to take advantage of my lack of knowledge in these matters. I have begun legal actions against these attorneys and as a result I was made aware that the Uniform Business Report was never filed for Perfect Golf Company. As I have never received the blank form I was unaware of this fact. Not only do you have the wrong address on your database for the business but also the address you have is not even the correct address for the attorneys. They were still receiving my mail however; they relocated from Palm Beach Gardens to North Palm Beach over 3 years ago. As a result of these events this entity was allowed to laps without my knowledge, as I never received the required forms in the mail. I would request that you reinstate my corporation and make the necessary changes to the mailing address. I would also request that in light of this information, that you abate the penalties assessed and show me in good standing. I have enclosed a check in the amount of \$300.00 to pay for the years 2000 & 2001. If you have any further questions concerning this matter please feel free to contact my office directly at 219-3600. Thank you for your time and attention in this matter.

Sincerely,



Clark Collins