

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000048212**

1. Corporation Name

SUMMIT GOLF GROUP-JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

60 OCEAN BLVD
#15
ATLANTIC BEACH FL 32233
US

60 OCEAN BLVD
#15
ATLANTIC BEACH FL 32233
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1999

5. FEI Number

59-3578744

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STARK, KEVIN V	60 OCEAN BLVD	ATLANTIC BEACH FL 32233
D	STARK, JOANNA R	60 OCEAN BLVD	ATLANTIC BEACH FL 32233

100023752351
10/13/03--01074--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STARK, KEVIN V MR.
95 SANCHEZ DRIVE EAST
PONTE VEDRA BEACH FL 32082

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/16/03

11. 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

Daytime Phone #

10/10/03 904/247/3705

CR2E040 (7/03)



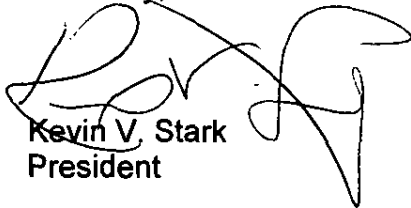
October 10, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

The purpose of this letter is to notify Florida's Division of Corporations of our right to have our corporate status re-instated and the reinstatement fee waived. The corporation requested an amendment of name in October of 2002 which contained the new business address. We received a notification and acceptance from your department, however, have received no further correspondence. We did not receive a UBR report in 2003. We respectfully request the reinstatement fee be waived. Please find enclosed the appropriate signed forms, this letter of request to waive the \$600.00 fee and a check in the amount of \$150.00 to bring us into compliance and active status.

Sincerely,



Kevin V. Stark
President