

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -9 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/16/06--01013--016 **900.00

DOCUMENT # P99000050437

1. Corporation Name

GOLF SUPPLY SUPERSTORE, INC.

2. Principal Office Address

12233 SW 55 ST

3. Mailing Office Address

12233 SW 55 ST

REINSTATEMENT 05-06
CR2E081 (12/05)

Suite, Apt. #, etc.

BLDG. 800, #802

Suite, Apt. #, etc.

BLDG. 800, #802

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

65-0473117

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

STEVEN SPONDER

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

12233 SW 55 ST.

Suite, Apt. #, Etc.

BLDG. 800, #802

City

COOPER CITY

State

FL

Zip Code

33330

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 2-22-06

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 DIR	STEVEN SPONDER	12233 SW 55 ST.	COOPER CITY, 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 contained in Chapter 119, 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

2-22-06

Date

954-252-7188

Daytime Phone #