

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 7:27

DOCUMENT # P99000078932

1. Corporation Name

TEETIME OF FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

3033 NE 32 AVE
FORT LAUDERDALE FL 33308

3100 NW 46TH STREET, #103
FORT LAUDERDALE FL 33309



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0945534

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	HUNTINGTON, KIMBERLY ANN	3100 NW 46TH STREET, #103	FORT LAUDERDALE FL 33309

000004661430--1
-10/31/01--01067--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUNTINGTON, KIMBERLY ANN
3100 NW 46TH STREET, #103
FORT LAUDERDALE FL 33309

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

AD

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 #

CR2E040 (8/01)

-2-

Contino & Weinstock Associates, Inc.

7540 NW 5th Street Ste 1, Plantation, FL 33317
Office (954)791-2911, Fax (954)791-7160

October 15, 2001

Department of State
P.O. Box 6327
Tallahassee, Florida 32314

RE: Taxpayer Identification Number: 65-0945534
Teetime of Fort Lauderdale
3033 N.E. 32nd Avenue
Fort Lauderdale, FL

Dear Division of State,

This correspondence to inform you that I did not receive the original form mailed from your office. After talking to your corporate customer service I have enclosed the check as requested.

Please, note that I have always respected your time schedule and abided with your policies. I hope you can reinstate and remove any penalties that my company has incurred.

Sincerely,

Kimberly Huntington
President