

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

00 DEC -8 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092319

1. Corporation Name

GOLFREALTORS.NET, INC.

Principal Place of Business

Mailing Address

4777 OVERBURY PLACE
SARASOTA FL 34341

4777 OVERBURY PLACE
SARASOTA FL 34341

34241



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

10/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0967998

Applied For

Not Applicable

City & State

City & State

Zip

34241

Country

Zip

34241

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BATISTA, MARY CONSTANCE	4777 OVERBURY PLACE	SARASOTA FL 34341

50000352445--3
-01/05/01--01019--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BATISTA, MARY CONSTANCE
4777 OVERBURY PLACE
SARASOTA FL 34341

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

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

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

M. Constance Batista

Date

12/4/00

Daytime Phone #

(941) 379-0928

CR2E040 (8/00)

GolfRealtors.net Inc.

4777 Overbury Place
Sarasota, FL 34241

Phone: (941) 379-0928
Fax: (941) 343-0243

Batista

December 6, 2000

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am in receipt of a "Notice of Administrative Dissolution or Revocation" and am at a loss.

I have never received any other notice requesting this information and as a result am in a very bad position. Since I have no knowledge of ever receiving any other notice requesting this information I called your office today. I spoke with one of your personnel and she advised me to forward a letter with the enclosed notice to your office along with a check.

I am truly at a loss to tell you why I did not receive any other information pertinent to this form, but to the best of my knowledge I did not.

I am enclosing a check for \$150.00 for the filing fee.

I thank you for your understanding.

Yours truly,

M. Constance Batista

M. Constance Batista
President

*Please note the zip code
correction*