

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000101985

1. Corporation Name

ROBERT EVANS GOLF, INC.

2. Principal Office Address

2490 Heron Terrace

Suite, Apt. #, etc.

F203

City & State

Clearwater, FL

Zip

33762

Country

USA

3. Mailing Office Address

2490 Heron Terrace

Suite, Apt. #, etc.

F203

City & State

Clearwater, FL

Zip

33762

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/18/99

5. FEI Number

59-3610247

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

Beverly Evans

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

2490 Heron Terrace

Suite, Apt. #, Etc.

F203

City

Clearwater

State

FL

Zip Code

33762

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

Beverly A. Evans

REGISTERED AGENT MUST SIGN

Date March 8, 2001

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
P/D	Robert W. Evans	2490 Heron Terrace, F203	Clearwater, FL 33762
S	Beverly A. Evans	2490 Heron Terrace, F203	Clearwater, FL 33762

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03/22/01 01019-006

***908.75 ***908.75

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)(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:

Beverly A. Evans

Secretary

Beverly Evans

March 8, 2001

813-289-9442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #