

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 AM 9:32

DOCUMENT # P99000104634

1. Corporation Name

ELIMINATOR GOLF CORP.

Principal Place of Business

1235  
1733 ALBERMARLE ROAD  
CLEARWATER FL 33764

Mailing Address

1235  
1733 ALBERMARLE ROAD  
CLEARWATER FL 33764



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

11/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3613197

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ARNOLD, DANNY LEE	1235 1733 ALBERMARLE ROAD	CLEARWATER FL 33764
D	EAGAN, GEORGIA	1021 SAN REMO CIRCLE	LARGO FL 33770
D	WELLS, ROGER H	1235 1733 ALBERMARLE ROAD	CLEARWATER FL 33764
			200003479072--3 11/28/00 01102 006 ***150.00 ***150.00 10/17/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARNOLD, DANNY LEE  
1235  
1733 ALBERMARLE ROAD  
CLEARWATER FL 33764

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/17/00

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.

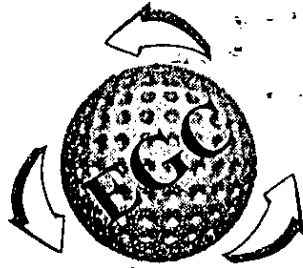
SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00 727-535-8241  
Date Daytime Phone #

CR2E040 (8/00)

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Golf Technology in Motion

www.eliminatorgolf.com

1735 Albemarle Road  
Clearwater, FL 33764  
(727) 535-8241

Toll-free 1-877-633-7900  
Fax (727) 530-0710

**ELIMINATOR GOLF CORPORATION**

Dept. of State  
Div. Corp.  
PO Box 6327  
Tallahassee, FL 32314

Gentlemen:  
We never received a notice to file a 2000  
Corp. Annual Report.  
I believe this is because you have the  
wrong street number on record. We are  
located at 1735 Albemarle Rd., you show  
1753.  
Please waive the re-statement fees, we  
are submitting a check for 150<sup>00</sup>.

Thank you.

Danny Lee Arnold