|   | <del>_</del>              |                 |  |  |   |                                  |                        |  |
|---|---------------------------|-----------------|--|--|---|----------------------------------|------------------------|--|
|   | → PLEASE REAL             | DALL INST       | RUCTIONS                                       | BEFORE C   | OMPLETI   | NG THIS FORM.                    | 11                     |  |
| APPLICATION FLORIDA DEPARTMENT OF STATE   |                           |                 |  |  |   | ASPHILIVED                       | sol.                   | <b>=</b> ····  |
| FOR Katherine Harris  |                           |                 |  |  | ļ<br>;  | AN!!<br>FILED                    | $\alpha'$              |  |
| REINSTATEMENT ( Speretary of State  |                           |                 |  |  | X)  |                                  |                        |  |
| DOCUMENT # <b>P99000110953</b>  |                           |                 |  |  | 00 DEC 18 PM 3: 14  |                                  |                        |  |
| 1. Corporation Name   |                           |                 |  |  | SECRETARY OF STATE TALLAHASSEE, FLORIDA   |                                  |                        |  |
| THE WORLD GOLF LEAGUE, INC.   |                           |                 |  |  | TĂĒĻĀHĀSSĒE, FLORIDA  |                                  |                        |  |
|   |                           |                 |  |  |   |                                  |                        | _  |
| Principal Place of Business Mailing Add   |                           |                 | ess<br>Orth Terr.                              |  | I PROMINEN KIE NAME HENRI BENN BENN ERDEN KORRE MIRM BENNE BENNE BLIEB HAN 1881 |                                  |                        | =:::   |
|   |                           | HEATHROW I      |  |  |   |                                  |                        | <b>■</b> 3   |
|   |                           |                 |  |  |   |                                  |                        |  |
| If above addresses are incorrect in any way, line through incorrect information and enter correct  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable   |                           |                 |  |  | 4. Date Incorporated or Qualified   |                                  |                        |  |
| Suite Apt # etc   |                           |                 |  |  | To Do Business in Florida 12/27/1999  |                                  |                        |  |
| 185 WAYMONT CT STEIL 185 WAYMONT City & State City & State  |                           |                 |  | 7 STEIII   | 5. FEI Number Applied For Not Applicable  |                                  |                        | - 112<br>- 112   |
| LAKE MARY, FL LAKE  |                           |                 | MARY, FL                                       |  | 6,  | \$8.75 A                         | dditional Fee required |  |
| <sup>Zip</sup> 32   | 746 USA                   | 46 C            | 154  | CERTIFICATE OF STATUS DESIRED for a Certificate of Statu |   |                                  | = *15.                 |  |
| 7. Names and Street Addresses of Each Officer and/or Director (Flor<br>Name of Officers   |                           |                 | Street Address of Each Officer and/or Director |  | 1   | City / State /                   | 7in                    | = ****   |
| Title(s)  | and/or Directors          | 3               | cer and/or Director                            |  | 4   |                                  | =<br><b>=</b> ;1#1     |  |
| D   | PAGNANO, MICHAEL 1220 TAB |                 |  | ED TADOWSMITT TEEP.<br>ES WAY MONT CT - STEIL            |   | HEATHROW FL 32746                |                        |  |
| D BLACKMAN ROBERT 8   |                           |                 | 1997-ROUTE LAICE MARY, FL                      |  |   | EBISON-NJ-68817                  |                        | = :-:  |
|   |                           |                 | 185 WAYMONT C7 20                              |  |   | 000252625                        | 320                    | = :::  |
| D   | > BLACKMAN, ROSERT        |                 |  | iii  | /   |                                  | 10003<br>***150.00     |  |
|   |                           | LAKE MAM . BL   |  |  | ****130.00  |                                  |                        |  |
| <del></del>   |                           |                 | LAKE MAM,                                      |  |   | man                              |                        | . 1 0.<br>. 4 at<br>- 4 vi   |
|   |                           | 32746           |  |  | /////   |                                  |                        |  |
| <del>-</del>  |                           |                 |  |  |   |                                  |                        |  |
| 8. Name and Address of Current Registered Agent   |                           |                 |  |  | 9. Name and Address of New Registered Agent                                     |                                  |                        | <b>■</b> 11±   |
| Name ROBBET BLACKM AND EST  |                           |                 |  |  |   |                                  |                        | 0 (8/00)   |
| CT CORPORATION SYSTEM  1200 SO. PINE ISLAND RD.  Street Address (F  |                           |                 |  |  | · / · · ·   | O. Box Number is Not Acceptable) |                        |  |
| PLANTATION FL 33324 Suite, Apt. #, Etc.   |                           |                 |  |  | i.  |                                  |                        |  |
| City  |                           |                 |  |  |   |                                  |                        |  |
| 10. I, being appointed the registered agent of the above parted corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  |                           |                 |  |  |   |                                  |                        |  |
| Signature of Registered Agent Recisted Date Recision Date |                           |                 |  |  |   |                                  |                        | The state of the s |
| 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 of 617.0401, F.S., that all less 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: MICHAEL SEVAGNANO DE SIGNING DESCEPTOR DIRECTOR Date Date Date Date Description #  |                           |                 |  |  |   |                                  |                        |  |
|   | SIGNATURE AND TYPED OF    | PRINTED NAME OF | SIGNING OFFICER OR D                           | RECTOR   |   | Date Daytim                      | # PUOUA #              | 1  |



The World Golf League, Ltc. 185 Waymont Court, Suite 111 Lake Mary, FL 32746

Phone: 407.330.1011 • Fax: 407.330.1105 Email: info@worldgolfleague.com www.worldgolfleague.com

To: The Florida Department of State

December 14, 2000

To whom it may concern,

Please reinstate our corporation and change our mailing address per our letterhead. Also please consider waiving our late fees since we never received a Uniform Business report from the state for year 2000.

We began business on January 1, 2000. Also enclosed is a check for \$150 per the instructions of an examiner we spoke to from your office.

Thank you for your consideration.

Michael S. Pagnano -

CEO

The World Golf League, Inc.