

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *96-97*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG 15 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S11049**

1. Corporation Name

BLAST OFF GOLF TEE COMPANY, INC.

Principal Place of Business

Mailing Address

522 5TH AVE
STE B
MARCO ISLAND FL 33937
US

522 FIFTH AVENUE
MARCO ISLAND FL 33937
US

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

11/02/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0242503

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

*P.O. Box 998
Marco Island, FL
34146 USA*

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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PTM | DELLECAVE, JOHN C. | 522 5TH AVE. | MARCO ISLAND FL |
| VSD | KRETSCHMER, HEATHER A. | 522 5TH AVE. | MARCO ISLAND FL |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT *96-97*
A. Alan
8/15/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELLECAVE, JOHN C.
522 5TH AVE.
MARCO ISLAND FL 33937

Name

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

Suite, Apt. #, Etc.

City

480002270974-1

08/19/97-01031-01B

*****915.00 ****915.00*

State Zip Code
FL

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

John C. Dellecave

REGISTERED AGENT MUST SIGN

Date

12/30/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for Information on intangible tax.)

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

Heather Kretschmer

1/7/97

Date

941 642 6769

Daytime Phone #

CR2E040 (7/96)