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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
DO NOT WRITE IN THIS SPACE
FILED

98 JUN 15 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # S99516**
LEGACY GOLF CRAFTERS, INC.
481 North U.S. Highway 1
Ormond Beach, FL 32174

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

REINSTATEMENT 92-98

Zip Code

3. Date Incorporated or Qualified To Do Business In Florida

12/11/91

4. FEI Number

59-3103328

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
P/D	BETTY ANNE HESTER	9 Ridge Trail	Ormond Beach, FL 32174
VP/D	CRAIG W. SMITH	9 Ridge Trail	Ormond Beach, FL 32174
S/D	JEFF F. SMITH	9 Ridge Trail	Ormond Beach, FL 32174
T/D	JACK R. SMITH	9 Ridge Trail	Ormond Beach, FL 32174

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

DONALD E. HAWKINS
501 South Ridgewood Avenue
Daytona Beach, FL 32114

8. Name and Address of New Registered Agent and/or Office

Name **600002566706--8**
-06/13/98--01105--022
Street Address (Do NOT Use P.O. Box Number) *****1650.00 ***1650.00**
Street Address (Do NOT Use P.O. Box Number)
City and State **FL.** Zip

9. 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

REGISTERED AGENT MUST SIGN

Date **06/02/98**

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date **6-2-98**

Daytime Phone #

904-672-8409

JACK R. SMITH, Treasurer/Director

CR20040 (8/92)