

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Governor Jeb Bush
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 OCT 18 PM 3: 01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V02155

1. Corporation Name
EXECUTIVE WOMEN'S GOLF LEAGUE, INC.

Principal Place of Business Mailing Address
ONE MARLWOOD LANE ONE MARLWOOD LANE
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

04/08/99 90165027150⁰⁸

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/20/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0317569	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
DP	OLIVER, NANCY G.	ONE MARLWOOD LANE	PALM BCH GRDNS. FL
DVPS	OLIVER, ANTHONY E. III	ONE MARLWOOD LANE	PALM BCH GRDNS. FL

8. Name and Address of Current Registered Agent

OLIVER, NANCY G.
 ONE MARLWOOD LANE
 PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name
ANTHONY E. OLIVER
 Street Address (P.O. Box Number is Not Acceptable)
ONE MARLWOOD LANE
 Suite, Apt. #, Etc.
 City
PALM BEACH GARDENS State
FL Zip Code
33418

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 **ANTHONY E. OLIVER**
 REGISTERED AGENT MUST SIGN

Date **10/15/99**

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: **ANTHONY E. OLIVER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/15/99** Daytime Phone # **561 684-6841**



EXECUTIVE WOMEN'S GOLF LEAGUE®

October 15, 1999

Division of Corporations
Annual Report/Reinstatement section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Reinstatement
Executive Women's Golf League, Inc.
FEI No.: 65-0317569

To whom it may concern:

As per our 10/15/99 conversation with your office, enclosed please find Document # V02155 signed in the appropriate area by the new registered agent.

The original document was filed on 4/30/99 and the fee of \$150 was paid. Your department, therefore is in possession of the correct fee amount.

Please reinstate the corporate status for Executive Women's Golf League, Inc. Please acknowledge by written confirmation. Thank you for your cooperation in this matter. If you have any further questions, please do not hesitate to call or write.

Very truly yours,

Anthony E. Oliver
Vice President

Enclosure

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