

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 22 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V15737

1. Corporation Name

GOLF MASTERS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

756 SOUTHWEST MARTIN LUTHER KING AVE.  
OCALA FL 34474  
US

756 SOUTHWEST MARTIN LUTHER KING AVE.  
OCALA FL 34474  
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

Suite, Apt. #, etc.

500 NE 8th Ave

City & State  
OCALA FLA

Zip  
34470

Country  
USA

Suite, Apt. #, etc.

500 NE 8th Ave

City & State  
OCALA FLA

Zip  
34470

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/1992

5. FEI Number

59-3117702

Applied For

Not Applicable

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	4 City / State / Zip
PD	FUTCH, R. WILLIAM	756 S.W. MARTIN LUTHER	OCALA FL
CEOD	FUTCH, R S JR	756 SOUTHWEST MARTIN LUTHER KING	OCALA FL 34474

1 00003029931--6  
-11/01/99--01008--018  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FUTCH, R. WILLIAM  
500 N.E. 8TH AVE.  
OCALA FL 34470

Name

FUTCH, R.S. JR.

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

500 NE 8th Ave

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34470

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

R.S. Futch

REGISTERED AGENT MUST SIGN

Date

10-20-99

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:

R.S. FUTCH JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-99

Date

Daytime Phone #

KE

352-620  
4565

CR2E040 (9/99)