

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. 756 SOUTHWEST MARTIN LUTHER KING AVE.
 Ocala FL 34474 X Ocala FL 34474 X
 US US



REINSTATEMENT 990

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 02/03/1992	
Suite, Apt. #, etc. 500 NE 8th Ave		Suite, Apt. #, etc. 500 NE 8th Ave		5. FEI Number 59-3117702	
City & State OCALA FLA		City & State OCALA FLA		Applied For Not Applicable	
Zip 34470		Zip 34470		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country USA		Country USA			

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

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

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 Date: 10-20-99
 REGISTERED AGENT MUST SIGN

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)(l), 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 Date: 10-20-99 Daytime Phone #: 352-620-4865
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/99)

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