

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 DEC 13 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V25529

1. Corporation Name

GOLF Pro Shop Liquidators, Inc.

Principal Place of Business

Mailing Address

5552 INTERNATIONAL DR.
ORLANDO, FL, 32819

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

REINSTATEMENT 96-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

3/30/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

45-0321549

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED YES NO

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
Pres	JAMES S. ZAZA	5552 International Dr.	ORLANDO FL 32819

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-12/22/99--01047--017
***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name J.F. ZORIC
Street Address (P.O. Box Number is Not Acceptable) 5552 INTERNATIONAL DR.
Suite, Apt. #, Etc.
City ORLANDO State FL Zip Code 32819

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

J.F. ZORIC

REGISTERED AGENT MUST SIGN

Date

12.4.99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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., 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

JAMES S. ZAZA

Date

Dec. 5/99

Daytime Phone #

KE

CR2E08 (12/98)