

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 FEB -9 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO6000022110

1. Corporation Name

1-800-GOLFING INC.

2. Principal Office Address - No P.O. Box #

801 E. Boston Post Rd

3. Mailing Office Address

801 E. Boston Post Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mamaroneck, NY

City & State

Mamaroneck, NY

Zip

10543

Country

Westchester

Zip

10543

Country

Westchester

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 13<sup>th</sup> 2006

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Bruno Wessel

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

334 W. 25<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0603, F.S.

Signature of  
Registered Agent

Bruno Wessel

Date 2/8/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/p	Joseph Davidovic	801 E. Boston Post Rd	Mamaroneck, NY 10543
D/P	Garry Wessel	801 E. Boston Post Rd	Mamaroneck, NY 10543
T/S	Thierry Franchois	801 E. Boston Post Rd	Mamaroneck, NY 10543

10. 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 contained in Chapter 110, 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:

Bruno Wessel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/09

Date

914-498-5590

Daytime Phone #

200143190062  
02/09/09--01055--020 \*\*1058.75  
**REINSTATEMENT 07-09**