


2004 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000000548 1. Entity Name RDC GOLF GROUP, INC.	
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FILED
04 OCT 27 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1420 ROUTE 206 N SUITE 120 BEDMINSTER, NJ 07921	Mailing Address 1420 ROUTE 206 N SUITE 120 BEDMINSTER, NJ 07921
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2. Principal Place of Business 375 FORSGATE DRIVE Suite, Apt. #, etc.	3. Mailing Address 375 FORSGATE DRIVE Suite, Apt. #, etc.
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10252004 REIN-P CR2E098 (6/04)

City & State MONROE TOWNSHIP, NJ Zip 08831 Country US	City & State MONROE TOWNSHIP, NJ Zip 08831 Country US
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4. FEI Number 22-3552662	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIAVONE, CHRISTOPHER R	NAME	
STREET ADDRESS	99 CHERRY HILL RD., STE 305	STREET ADDRESS	375 FORSGATE DRIVE
CITY-ST-ZIP	PARSIPPANY, NJ	CITY-ST-ZIP	MONROE TOWNSHIP, NJ 08831
	<input type="checkbox"/> Delete		
TITLE	VST	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVIN, MATTHEW D	NAME	
STREET ADDRESS	99 CHERRY HILL RD., STE 305	STREET ADDRESS	375 FORSGATE DRIVE
CITY-ST-ZIP	PARSIPPANY, NJ	CITY-ST-ZIP	MONROE TOWNSHIP NJ 08831
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	900042249389
CITY-ST-ZIP		CITY-ST-ZIP	10/27/04--01059--004 **150.00
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Matthew Galvin Date: 10/24/04 Daytime Phone #: 732-521-8042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR