


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 OCT 27 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L00000004135</b> 1. Entity Name WINTER SPRINGS GOLF, LLC	
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Principal Place of Business 99 CHERRY HILL ROAD, SUITE 305 PARSIPPANY, NJ 07054	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-LLC CR2E101 (6/04)

City & State Monroe Township NJ Zip 08831	Country USA	City & State Monroe Township NJ Zip 08831	Country USA
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4. FEI Number 22-3721144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 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

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)

<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	375 Forsgate Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REACT GOLF			NAME	MONROE TOWNSHIP, NJ		
STREET ADDRESS	1420 ROUTE 206N., STE 120			STREET ADDRESS	08831		
CITY-ST-ZIP	BEDMINSTER, NJ 07921			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RONALD A. SCHIAVONE LIVING TRUST			NAME			
STREET ADDRESS	150 MEADOWLANDS PARKWAY, 3RD FLOOR			STREET ADDRESS			
CITY-ST-ZIP	SECAUCUS, NJ 07094			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Matthew Galvin Date: 10/25/04 Daytime Phone #: 732-521-8042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE