


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 OCT 27 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004152 1. Entity Name REACT GOLF, LLC	
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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-LLC CR2E101 (6/04)

City & State MONROE TOWNSHIP, NJ	City & State MONROE TOWNSHIP, NJ
Zip 08831	Country USA

4. FEI Number 22-3721148	Applied For <input type="checkbox"/> Not Applicable
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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 <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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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 \$50.00 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 NAME SCHIAVONE, CHRISTOPHER STREET ADDRESS 1420 ROUTE 206 N CITY-ST-ZIP BEDMINSTER, NJ 07921	<input type="checkbox"/> Delete	TITLE NAME 375 FORSGATE DRIVE STREET ADDRESS MONROE TOWNSHIP, NJ 08831 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME GALVIN, MATTHEW STREET ADDRESS 1420 ROUTE 206 N CITY-ST-ZIP BEDMINSTER, NJ 07921	<input type="checkbox"/> Delete	TITLE NAME 375 FORSGATE DRIVE STREET ADDRESS MONROE TOWNSHIP, NJ 08831 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 400042249094 STREET ADDRESS 10/27/04--01054--007 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10/24/04 732-521-8042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #