

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT: **M9900000145** FILED NOV 12 PM 1:58
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 REINSTATEMENT

1. DOCUMENT # M9900000145
 Name and Mailing Address

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0000540 01 FP 0.352 **PRSRT T2 0 0615 32765-586100
 MEADOWBROOK EKANA, LLC
 2100 EKANA DRIVE
 OVIEDO FL 32765-5861



2. New Mailing Address 8390 ChampionsGate Blvd, Ste 200 City, State, Zip ChampionsGate, FL 33896		4. State/Country of Formation DE	
Principal Place of Business 2100 EKANA DRIVE OVIEDO FL 32765		5. Date Organized or Qualified To Do Business in Florida 02/02/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 95-4726275 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. 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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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
 Signature of Registered Agent: Cynthia L. Harris as its agent
 REGISTERED AGENT MUST SIGN
 Date: 11/8/02

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MEADOWBROOK GOLF GROUP, INC.	345 N. MAPLE DRIVE, SUITE 200 8390 ChampionsGate Blvd. Suite 200	REVERLY HILLS GA 30220 ChampionsGate, FL 33896
		REINSTATEMENT <u>02</u> 100008901511	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Calvin C. Sellers III Date: 11/4/02 Daytime Phone # (407) 589-7200
 Typed or printed name of signing Managing Member/Manager: Calvin C. Sellers III

CR2E084 (8/02)



FILED
02 NOV 12 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 810065 7205268
AUTHORIZATION : *Patricia Kuyt*
COST LIMIT : \$ 150.00

ORDER DATE : November 6, 2002
ORDER TIME : 3:25 PM
ORDER NO. : 810065-005
CUSTOMER NO: 7205268
CUSTOMER: Ms. Sarah Lindberg
Meadowbrook Group, Inc.
8390 Championsgate Blvd.
Suite 200
Champions Gate, FL 33896

APPLICATION FOR REINSTATEMENT

NAME: MEADOWBROOK EKANA, LLC

XX APPLICATION FOR REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - Ext. 1139

EXAMINER'S INITIALS: _____