PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 FEB 14 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003947

1. Corporation Name

DIVOT GOLF CORPORATION

2. Principal Office Address	3. Mailing Office Address
927 LINCOLN ROAD	927 LINCOLN ROAD
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: SUITE 200
City & State: MIAMI BEACH, FLA	City & State: MIAMI BEACH, FL
Zip: 33139 Country: U.S.A.	Zip: 33139 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 8/14/1995

5. FEI Number: 56-1781650 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CorpDirect Agents

Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian Street

Suite, Apt. #, Etc.: Lower Level

City: Tallahassee State: FL Zip Code: 32301

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: By its agent: Cynthia A. Hicks — Date: 2/14/00

REGISTERED AGENT MUST SIGN

CR2E061 (9/95)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,C	JOSEPH CELLURA,	ONE UNION SQUARE SOUTH, SUITE 10-J	NEW YORK, NY 10003
D,V	DAVID A NOOSINOW	ONE UNION SQUARE SOUTH, SUITE 10-J	NEW YORK, NY 10003
D	DOUGLAS R. DOLLINGER	11 STAGECOACH ROAD	WARWICK, NY 10990
		REINSTATEMENT 99-00	TS

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 under section 119.07(3)(i), 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: Joseph Cellura Chairman & CEO — 2/11/00 — (212) 353-8468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #