


2004 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # F98000000548 | |  |
| 1. Entity Name RDC GOLF GROUP, INC. | | |

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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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| City & State MONROE TOWNSHIP, NJ | City & State MONROE TOWNSHIP, NJ |
| Zip 08831 | Country US |

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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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 NAME STREET ADDRESS CITY-ST-ZIP | PD SCHIAVONE, CHRISTOPHER R 99 CHERRY HILL RD., STE 305 PARSIPPANY, NJ <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 375 FORSGATE DRIVE MONROE TOWNSHIP, NJ 08831 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST GALVIN, MATTHEW D 99 CHERRY HILL RD., STE 305 PARSIPPANY, NJ <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 375 FORSGATE DRIVE MONROE TOWNSHIP, NJ 08831 |
| 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 900042249389 10/27/04--01059--004 **150.00 |
| 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 |

12. 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 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 10/24/04 732-521-8042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
04 OCT 27 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252004 REIN-P CR2E098 (6/04)