

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000004152

1. Entity Name
REACT GOLF, LLC



FILED

04 OCT 27 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1420 ROUTE 206 N, SUITE 120
BEDMINSTER, NJ 07921

Mailing Address
1420 ROUTE 206 N, SUITE 120
BEDMINSTER, NJ 07921

2. Principal Place of Business
375 FORSGATE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
375 FORSGATE DRIVE
Suite, Apt. #, etc.



10252004 REIN-LLC CR2E101 (6/04)

City & State
MONROE TOWNSHIP, NJ
Zip 08831 Country USA

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Zip 08831 Country USA

4. FEI Number
22-3721148
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SCHIAVONE, CHRISTOPHER
STREET ADDRESS 1420 ROUTE 206 N
CITY-ST-ZIP BEDMINSTER, NJ 07921

TITLE ☒ Change ☐ Addition
NAME 375 FORSGATE DRIVE
STREET ADDRESS MONROE TOWNSHIP, NJ 08831
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GALVIN, MATTHEW
STREET ADDRESS 1420 ROUTE 206 N
CITY-ST-ZIP BEDMINSTER, NJ 07921

TITLE ☒ Change ☐ Addition
NAME 375 FORSGATE DRIVE
STREET ADDRESS MONROE TOWNSHIP, NJ 08831
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400042249094
10/27/04--01054--007 **\$50.00

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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* 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 #