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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — Jim Smith, Secretary of State — DIVISION OF CORPORATIONS

L00000008919

FILED

02 NOV 14 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000008919

Name and Mailing Address

0004565 01 FP 0.352 **PRSRT T4 0 0615 33458-292105

CLUB FUNCTIONS, L.L.C.
105 BARBADOS DR.
JUPITER FL 33458-2921

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 07/27/2000

Principal Place of Business: 105 BARBADOS DR. JUPITER FL 33458

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 65-1030144 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800009807220
11/14/02--01081--002 **150.00

City FL Zip Code

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 M. Timothy Hanlon Date 11/5/02

REGISTERED AGENT MUST SIGN

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	SAWYER ENTERPRISES, LLC	258 BARBADOS DR.	JUPITER FL 33458
MGRM	DEW, ROBBIE	4047 PENHURST DR.	MARIETTA GA 30062-6162

REINSTATEMENT 2002

11/19 dlt

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 Carl Sawyer Date 10-29-02 Daytime Phone # 622-0036

Typed or printed name of signing Managing Member/Manager Carl Sawyer