

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000009388

1. Limited Liability Company's Name

GENESIS GOLF CENTER, L.C.

FILED

12/30 2002 02 DEC 30 PM 3:07

2. Principal Office Address

500 15th Street West

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip

34205

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA  
TALLAHASSEE FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

08/04/2000

6. FEI Number

X

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

WILLIAM S. GALVANO

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

1023 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton

State  
FL

Zip Code  
34205

9. 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GENESIS-JACKLIN GOLF CENTER,	590 Haben Blvd.	Palmetto, FL 34221
	INC.		300009788143 01/02/03--01068--001 **150.00

11. 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

*[Signature]*

Date

Dec 18/02

Daytime Phone #

941 7044273

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)