## DOOD OOD DEFOR COMPLETED THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT#	L00000010858
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1. Limited Liability Company's Name

Villages Bowling Enterprises, L.L.C. 890 Avenida Central, Lady Lake, FL 32159

<u> </u>		3. Mailing Offic	e Address			
2. Principal Office Address 890 Avenia Central				4. State/Country of Formation Florida		
Suite, Apt. #, etc.  City & State  Lady Lake, Florida		Suite, Apt. #, etc		5. Date Organized or Qualified To Do Business in Florida September 8, 2000		
		City & State		6. FEI Number 59-3669722 Applied For Not Applicable		
zip 32159	Country Lake	Zip	Country	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee requirements of Status		
		8. Nar	ne and Address of Current I	Registered Agent		
	Name Craig W. Little	e		200018450212 05/07/0301047001 ***\\$0.0		
	Street Address (P.O. Box Number is Not Acceptable) 976 Del Mar Drive					
	Suite, Apt. #, Etc.					
	City The Villages			State Zip Code FL 32159		
0 1 1 1 1 1	consisted the registered agent of	the above named limited	liability company, am familiar	with and accept the obligations of Chapter 608, F.S.		
Signature o		Do		5/2/03		
Registered	Agent	REGISTERED AGE	NT MUST SIGN	tropic to the second se		

Titles Name of Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip

MGR George F. McCabe 1100 Main Street The Villages, Florida 32159

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.

 Date 5-5-0

George W. McCabe, Manager

Date 5-5-03 Daytime Phone # 352-150-2333

Typed or printed name of signing Managing Member/Manager

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