

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 28 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013169

1. Limited Liability Company's Name

GOLF PARTNERS, LLC

000004717670--6
-12/10/01--01119--024
****150.00 ****150.00

2. Principal Office Address

921 S.E. CENTRAL PRKY

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

STUART FLA

City & State

Zip

34994

Country

MARTIN

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/26/00

6. FEI Number

52-2316120

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

RONALD A. CORUZZI

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

921 SE CENTAL PRKY

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34994

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

R. Coruzzi

REGISTERED AGENT MUST SIGN

Date

11/20/01

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	RONALD A. CORUZZI	921 SE CENTRAL PRKY	STUART FL 34994

REINSTATEMENT

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

R. Coruzzi

Date

11/20/01

Daytime Phone #

561-220-1200

Typed or printed name of signing Managing Member/Manager

RONALD A. CORUZZI

CR2E041 (9/01)