

# L01000004107

APPROVED  
AND  
FILED

13 JAN 15 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

L01000004107

1. Limited Liability Company's Name

Golf World of Boca Raton, LLC.

000010134650  
01/15/03--01073--003 \*\*205.00

2. Principal Office Address

3020 NW 23 Court

3. Mailing Office Address

3020 NW 23 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Boca Raton

Zip

33431

Country

US

Zip

33431

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified  
To Do Business in Florida

11/03/2000

6. FEI Number

651058273

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

Mark R. Osherow, PA

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

7900 Glades Road

Suite, Apt. #, Etc.

Suite 650

City

Boca Raton

State  
FL

Zip Code  
33434

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

*Mark R. Osherow*

Date

1/13/02

REGISTERED AGENT MUST SIGN

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	Noah Silver	3020 NW 23 Court	Boca Raton, FL 33431
MGR	Dennis Taback	3020 NW 23 Court	Boca Raton, FL 33431

REINSTATEMENT

2002-2003

*JB*

11. I certify that I am managing member/manager of 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

*Noah Silver*

Date 1/10/2003

Daytime Phone # 561-487-2700

Typed or printed name of signing Managing Member/Manager

NOAH SILVER, MANAGING MEMBER

CR2E041 (10/02)