

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 DEC 18 PM 2:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004746

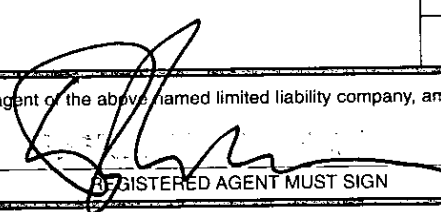
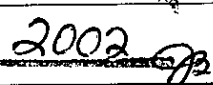
Name and Mailing Address

0006718 01 FP 0.352 **PRSR T1 0 0615 02370-105411



MILLER GOLF COMPANY, LLC
11 COMMERCE ROAD
ROCKLAND MA 02370-1054



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 11 COMMERCE ROAD ROCKLAND MA 02370		5. Date Organized or Qualified To Do Business in Florida 03/27/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 04-3555612 Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent CORPDIRECT AGENTS 103 NORTH MERIDIAN STREET LOWER LEVEL TALLAHASSEE FL 32301		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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  Date 12-17-02 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	DANIEL BOGAR	1221 BRICKELL AVE 25th FL	MIAMI, FL 33129
MGR	JAMES DAVIS	6075 POPLAR AVE STE. 202	Memphis, TN 38119
			000009604840 12/19/02--01100--007 **150.00
REINSTATEMENT 2002 			

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

Date

11/21/02

Daytime Phone #

905-9608530

DANIEL T-BOGAR

CR2E084 (8/02)

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILING COVER SHEET
ACCT. #FCA-14

CONTACT:

Ed Lary

DATE:

12/17/02

REF. #:

RA0190. 11473

CORP. NAME:

Miller Golf Company, LLC

L01000004746

☐ ARTICLES OF INCORPORATION

☐ ARTICLES OF AMENDMENT

☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT

☐ TRADEMARK/SERVICE MARK

☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION

☐ LIMITED PARTNERSHIP

☐ LIMITED LIABILITY

☒ REINSTATEMENT

☐ MERGER

☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION

☐ UCC-1

☐ UCC-3

☐ OTHER:

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2002 DEC 18 PM 2:01

RECEIVED

STATE FEES PREPAID WITH CHECK# 019892 FOR \$ 150.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

☐ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☒ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials