

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF
CORPORATION
DIVISION OF CORPORATIONS

FILED

03 JAN 17 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009375

Name and Mailing Address

0002945 01 FP 0.352 **PRSR T9 0 0615 33178-205904

THE GOLF CONSULTANCY LLC

4404 NW 93RD DORAL CT

MIAMI FL 33178-2059

500010184105
01/17/03--01040--004 **205.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

4404 NW 93RD DORAL CT
MIAMI FL 33178

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/07/2001

6. FEI Number

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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name Catherine Hite, P.A.
Street Address (P.O. Box Numbers Not Acceptable)
799 Brickell Plaza
Ste 700
City Miami FL Zip Code 33131

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

Catherine Hite

REGISTERED AGENT MUST SIGN

Date Jan. 9, 2003

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	GILL, JOSEPH M	4404 NW 93RD DORAL CT	MIAMI FL 33178
MGRM	JONES, MARK	4404 NW 93RD DORAL CT	MIAMI FL 33178

REINSTATEMENT 02

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

Joseph M. Gill

Date

1/9/03

Daytime Phone

305-592-8264

Typed or printed name of signing Managing Member/Manager

JOSEPH M. GILL