

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 NOV 22 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000013950

1. Limited Liability Company's Name

The Golf Place Bar and Grill, LLC

2. Principal Office Address

292 W. Central Parkway

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

3. Mailing Office Address

292 W. Central Parkway

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

August 16, 2001

6. FEI Number

04-3618866

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

Harry E. Harp, CPA

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

1031 W. Morse Boulevard

Suite, Apt. #, Etc.

Suite 200

City

Winter Park

State

FL

Zip Code

32789

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

Harry E. Harp

Date

11/16/2004

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
MGRM	Shirley S. Deas	292 W. Central Parkway	Altamonte Springs, FL 32714

REINSTATEMENT 04

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

Shirley S. Deas

Date

11/17/04

Daytime Phone # (407) 625-0147

Typed or printed name of signing Managing Member/Manager

Shirley S. Deas

CR2ED41 (10/02)