

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 12 PM 1:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013950

Name and Mailing Address

0002762 01 AT 0,292 **AUTO T3 0 0615 32714-252592

THE GOLF PLACE BAR AND GRILL, LLC
292 W. CENTRAL PARKWAY
ALTAMONTE SPRINGS FL 32714-2525



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/16/2001	
Principal Place of Business 292 W. CENTRAL PARKWAY ALTAMONTE SPRINGS FL 32714	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 04-3618866	Applied For Not Applicable
8. Name and Address of Current Registered Agent KATZ, LAWRENCE H 341 N. MAITLAND AVENUE, SUITE 120 MAITLAND FL 32751		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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date 10/31/03			
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
D	DEAS, SHIRLEY	292 W. CENTRAL PKWY	ALTAMONTE SPRINGS FL 32714
		700024617327 11/12/03-01084-011 **150.00	
		REINSTATEMENT 2003	

CR2E034 (7/03)

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 *[Signature]* Date 10/31/03 Daytime Phone (407) 866-7529
Typed or printed name of signing Managing Member/Manager JAMES DEAS