

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smi
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000018371

Name and Mailing Address

02 NOV 18 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004506 01 FP 0.352 **PRSRT T4 0 0615 33445-706541

BullBullBullBullBullBullBullBullBullBullBullBullBullBullBull

~~THE PERFECT PUTTER, LLC~~
4641 TREE FERN DR.

 Frederick James Caruso, LLC

CR2E084 (8/02)[illegible]

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 Roberto K. Castro Date 12/1/12 Daytime Phone # 561-499 8117

Typed or printed name of signing Managing Member/Manager