

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 12 AM 8:09

DOCUMENT # L01000018910

1. Limited Liability Company's Name

PGA World Services, LLC

2. Principal Office Address

82 Ironwood Way N

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Zip

Country

Zip

Country

33418 United States

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

10/2001

6. FEI Number

31-1807099

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

Joseph Espinosa

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

82 Ironwood Way N

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/9/2005

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
<u>MGR</u>	<u>Joseph Espinosa</u>	<u>82 Ironwood Way N</u>	<u>Palm Beach Gardens, FL</u>
<u>MGR</u>	<u>FABIOLA ESPINOSA</u>	<u>82 Ironwood Way N</u>	<u>Palm Beach Gardens, FL</u>
			<u>33418</u>

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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

[Signature]

Date

10/9/2005

Daytime Phone #

361-723-8504

Typed or printed name of signing Managing Member/Manager