PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 AUG -7 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT # L02000011084

1. Limited Liability Company's Name

PHILLIPS GOLF MANAGEMENT, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Addr
1220 Commerce Park Drive	same
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.
City & State: Longwood Florida	City & State
Zip: 32779 Country: US	Zip Country

4. State/Country of Formation: Florida US

5. Date Organized or Qualified To Do Business in Florida: 05/08/2002

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

Name: Kelly Cary, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1220 Commerce Park Drive

Suite, Apt. #, Etc.: Suite 203

City: Longwood State: FL Zip Code: 32779

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 8-4-2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Estate of David S. Phillips Kelly Cary, Personal Rep.	1220 Commerce Park Drive Suite 203	Longwood, FL 32779
AR	Kelly Cary, Pers. Rep.	1220 Commerce Park Drive Suite 203	Longwood, FL 32779

11. E-mail Address: kelly@kellycarylaw.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 8-4-2014 Daytime Phone # (407)862-9449

Typed or printed name of signing Authorized Representative/Manager Kelly Cary, Esq.

AUG -7 2014
M. WILLIAMS