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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

LIMITED LIABILITY REINSTATEMENT

G. S. GOLF, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$200.00

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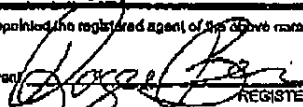
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 102000015991			
1. Limited Liability Company's Name G.S. GOLF, LLC.			
2. Principal Office Address 6158 N.W. 113 Place Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Miami, FL		City & State Same	
Zip 33178	Country USA	Zip	Country
4. State/Country of Formation Florida, USA		5. Date Organized or Qualified To Do Business in Florida June 25, 2002	
6. FEI Number 04-3700379		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		\$5.00 Additional Fee required for Certificate of Status	

B. Name and Address of Current Registered Agent			
Name Ferrell Group Corporate Services, LLC.			
Street Address (P.O. Box Number is Not Acceptable) 201 South Biscayne Blvd. 34 Floor			
Suite, Apt. #, Bldg.			
City Miami		State FL	Zip Code 33131

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 	Date 9/8/06
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Geoffrey Schacher	6158 NW 113 Place	Miami, FL 33178

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 upon 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 	Date 9/15/06
Daytime Phone 305-210-4750	
Typed or printed name of signing Managing Member/Manager Geoffrey Schacher	

REINSTATEMENT 05-106