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LIMITED LIABILITY REINSTATEMENT

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

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (6/05)

DOCUMENT # L02000015991

1. Limited Liability Company's Name
G.S. GOLF, LLC.

2. Principal Office Address	3. Mailing Office Address
6158 N.W. 113 Place	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Same
Zip: 33178 County: USA	Zip: County:

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 a Certificate of Status

8. Name and Address of Current Registered Agent
Name: Ferrell Gorup Corporate Services, LLC.
Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne Blvd. 34 Floor
Suite, Apt. #, Etc.:
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: [signature] REGISTERED AGENT MUST SIGN Date: 9/8/06

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Geoffry Schacher	6158 NW 113 Place	Miami, Fl 33178

REINSTATEMENT 05-06

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: 9/11/06 Daytime Phone: 305-318-4750
Geoffry Schacher
Typed or printed name of signing Managing Member/Manager