


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 NOV 23 AM 10:01 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E041 (8/05)	
DOCUMENT # L02000018270 1. Limited Liability Company's Name KISSIMMEE GOLF SERVICES, LLC					
2. Principal Office Address 3121 WICKHAM AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 3121 WICKHAM AVENUE Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State KISSIMMEE, FLORIDA		City & State KISSIMMEE, FLORIDA		5. Date Organized or Qualified To Do Business in Florida 07/18/2002	
Zip 34741	Country US	Zip 34741	Country US	6. FEI Number 56-2285663	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status.	

8. Name and Address of Current Registered Agent		
Name STERNBERG, MARTIN		
Street Address (P.O. Box Number is Not Acceptable) 3121 WICKHAM AVENUE		
Suite, Apt. #, Etc.		
City KISSIMMEE	State FL	Zip Code 34741

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 Martin Sternberg Date 11/23/05

REGISTERED AGENT MUST SIGN

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
MGRM	MARTIN STERNBERG	3121 WICKHAM AVENUE	KISSIMMEE, FL 34741
			900061962259 12/08/05--01050--005 **150.00
REINSTATEMENT 2005			

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 608.408, 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 Martin Sternberg Date 11/23/05 Daytime Phone # 407-870-2856

Typed or printed name of signing Managing Member/Manager MARTIN STERNBERG