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
08 MAR 26 PM 4:36

DOCUMENT # L03000002865

1. Limited Liability Company's Name
Orange City Golf Club, LLC

CR2E041 (12/07)
03/18/08 01012 022 $516.25

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1715 Monastery Road	1715 Monastery Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City, Florida	City & State: Orange City, Florida
Zip: 32763 Country: USA	Zip: 32763 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 01/23/2003
6. FEI Number: ☐ Applied For ☑ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee

8. Name and Address of Current Registered Agent
Name: Corporation Services Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.
City: Tallahassee State: FL Zip Code: 32301

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, hereby accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Sue G. Knight as its agent
REGISTERED AGENT MUST SIGN
Date: 3-26-2008

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	Richard W. LaConte	2828 Longwood Drive	Palm City, Florida 34990
MGRM	Rosemary V. LaConte	2828 Longwood Drive	Palm City, Florida 34990

REINSTATEMENT
06-08

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: Richard W. LaConte Date: 3/26/08 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: