

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 MAR 24 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000041528

1. Limited Liability Company's Name

React Land, LLC

RL 04

000121077020
03/24/08--01017--002 **798.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 375 Forsgate Drive Suite, Apt. #, etc.		3. Mailing Office Address 375 Forsgate Drive Suite, Apt. #, etc.	
City & State Monroe Township, New Jersey		City & State Monroe Township, New Jersey	
Zip 08831	Country USA	Zip 08831	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/28/2003	
6. FEI Number 45-0525990	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Phillip Finch, Esquire	
Street Address (P.O. Box Number is Not Acceptable) GrayRobinson, P.A., 301 East Pine Street	
Suite, Apt. #, Etc. Suite 1400	
City Orlando	State FL Zip Code 32801

☐ 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, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]*

REGISTERED AGENT MUST SIGN

Date 3-20-08

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
MGR	React Golf, LLC	375 Forsgate Drive	Monroe Township, NJ 08831

REINSTATEMENT 2004-2008

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 3/10/08 Daytime Phone # 752-656-8900

Typed or printed name of signing Managing Member/Manager Christopher R. Schiavone, Manager of Manager