

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 MAY -6 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0300005384

1. Limited Liability Company's Name

American Tour Golf Schools, LLC

2. Principal Office Address

16301 Phil Ritson Way
Suite, Apt. #, etc.

3. Mailing Office Address

16301 Phil Ritson Way
Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34787

Country

U.S.A.

Zip

34787

Country

USA

4. State/Country of Formation

Florida U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

JAN 2004

6. FEI Number

56-2421902

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

David L. Forbes III

Street Address (P.O. Box Number is Not Acceptable)

16301 Phil Ritson Way

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

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 MARCH 31, 2005

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
PRNOR	Richard Hall	600 River Birch Ct Apt 1117	Clermont, FL 34711
GMGR	Mike Clark	5216 Segari Way	Windsor, FL 34786

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

3/31/05

Daytime Phone #

407-905-2232
888 871 1071

CR20041 (10/02)