FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000058102

1. Limited Liability Company's Name
Red Eagle Golf Enterprises, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
422 Fleming St	SAME
Suite, Apt. #, etc. # 5	Suite, Apt. #, etc.
City & State Key West, Fl.	City & State
Zip 33040 Country USA	Zip Country

4. State/Country of Formation Fl. Monroe Co.
5. Date Organized or Qualified To Do Business in Florida 8-4-2004
6. FEI Number 20-1518271 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for Certificate of Status.

8. Name and Address of Current Registered Agent
Name: WALLACE CLARK
Street Address (P.O. Box Number is Not Acceptable): 32 Hilton Haven Dr #4
Suite, Apt. #, Etc.: #4
City: Key West State: FL Zip Code: 33040

☐ 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: Wallace E Clark Date: 6/25/07
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	WALLACE E. CLARK	32 Hilton Haven Dr #4	Key West, Fl 33040
MgrM	SARA C CLARK	32 Hilton Haven Dr #4	Key West, Fl 33040

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REINSTATEMENT

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: Wallace E Clark Date: 6/25/07 Daytime Phone #: 305-295-6622

Typed or printed name of signing Managing Member/Manager: WALLACE E. CLARK