

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 FEB -2 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300167109203  
01/25/10--01050--001 \*\*416.25

CR2E041 (11/09)

DOCUMENT # L04000058102

1. Limited Liability Company's Name

Red Eagle Golf Enterprises

2. Principal Office Address - No P.O. Box #

101 Merion Dr

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 549

Suite, Apt. #, etc.

City & State

Eufaula AL

City & State

Eufaula AL

Zip

36027

Country

USA

Zip

36072

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

20-1518271

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

Wallace Clark

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

6287 Bahia Del Mar Cir S

Suite, Apt. #, Etc.

#105

City

St Petersburg

State

FL

Zip Code

33715

☐ 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 Clark

REGISTERED AGENT MUST SIGN

Date

1-20-2010

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| CEO    | Wallace Clark                        | 4C Merion Dr                                      | Eufaula, AL 36027  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

REINSTATEMENT 08/10/10

11. E-mail Address: shooove@aol.com

(To be used for future annual report notifications)

12. 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

Wallace Clark

Date

1-20-2010

Daytime Phone #

334-688-5115

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