

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO5000084563

1. Limited Liability Company's Name

Duke Golf LLC DBA Gasparilla Inn
Golf Shop

CR2E041 (1/07)

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

500 Palm Ave
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1525
Suite, Apt. #, etc.

City & State

Boca Grande, FL

Zip 33921 Country USA

City & State

Boca Grande FL

Zip 33921 Country USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10-6-05

6. FEI Number

04-3825795

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

Robert Duke

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

500 Palm Ave

Suite, Apt. #, Etc.

City Boca Grande

State FL

Zip Code 33921

☒ 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

Robert Duke

REGISTERED AGENT MUST SIGN

Date 2-21-07

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
President	Robert Duke	P.O. Box 1525	Boca Grande FL 33921
Vice President	Daniyelle W Duke	P.O. Box 1525	Boca Grande FL 33921

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03/03/07--01045--020 **100.00

REINSTATEMENT 06-07

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

Robert Duke

Date 2-22-07

Daytime Phone 941-855-1756

Typed or printed name of signing Managing Member/Manager

Robert Duke