

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 12 AM 8:47
CLERK OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LO6000014542

1. Limited Liability Company's Name

BENZER ADVENTURE GOLF LLC

CR2E041 (10/08)

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

11007 KENTMERE CRT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

City & State

Zip

34786

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida Feb 2, 2006

6. FEI Number

26-0353612

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:
AL DESAI

Street Address (P.O. Box Number is Not Acceptable)
7087 GRAND NATIONAL DR

Suite, Apt. #, Etc.
102

City
ORLANDO

State
FL

Zip Code
32819

☒ 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

REGISTERED AGENT MUST SIGN

Date **Nov 3/08**

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
MEM	ARVIND NANDU	11007 KENTMERE CRT	WINDERMERE, FL 34786
MEM	MONNICA NANDU	11007 KENTMERE CRT	WINDERMERE, FL 34786
	L. SELLERS	11707/08--01040--006	NOV 13 2008
			REINSTATEMENT
			07-08

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

Date **11/03/08**

Daytime Phone # **321-689-3090**

Typed or printed name of signing Managing Member/Manager