

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 23 PM 1:56

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12/22/08--01037--019 **243.75

CR2E041 (10/08)

DOCUMENT # L06000087288

1. Limited Liability Company's Name

Great American Golf Experience, LLC

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

c/o Ponte Vedra Realty Partners

Suite, Apt. #, etc.

220 N. Seranata Beach Dr., Unit 24

City & State

Ponte Vedra, Florida

Zip

Country

31082

USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 08/31/2006

6. FEI Number
20-5224485

☐ 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

Ponte Vedra Realty Partners, LLP

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

220 N. Seranata Beach Dr.

Suite, Apt. #, Etc.

Unit 24

City

Ponte Vedra

State

FL

Zip Code

31082

☐ 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

its attorney-in-fact for agent
REGISTERED AGENT MUST SIGN

Date *12/15/08*

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
MGR	Ponte Vedra Realty Partners, LLP	220 N. Seranata Beach Dr., Unit 24	Ponte Vedra, Florida 31082

REINSTATEMENT *7-27-2008*

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

its attorney-in-fact Date *12/15/08*

Daytime Phone # *(407) 737-4020*

Typed or printed name of signing Managing Member/Manager

Natasha Watson - its attorney-in-fact