

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 OCT 23 AM 8 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000006610

1. Limited Liability Company's Name

Five Courses LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 11418 Cherokee Plantation Court		3. Mailing Office Address 20600 Chagrin Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 430	
City & State Tallahassee, Florida		City & State Shaker Heights, Ohio	
Zip 32312	Country U.S.	Zip 44122	Country U.S.

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida January 19, 2010	
6. FEI Number 27-1738453	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Malcolm P. Davison			
Street Address (P.O. Box Number is Not Acceptable) 11418 Cherokee Plantation Court			
Suite, Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32312	

E-mail Address:
800241099128
10/23/12--01020--013 **243.75
treynolds@tbrpc.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

Signature of Registered Agent Malcolm P. Davison Date 10/10/12

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
MGR	David I. Davison	P. O. Box 81043	Seattle, Washington 98108
MGR	Endicott P. Davison	218 Pleasant Cove Road	Boothbay, Maine 04537
MGR	Malcolm P. Davison	11418 Cherokee Plantation Court	Tallahassee, Florida 32312
		J. SAULSBERRY EXAMINER	
		OCT 24 2012	

**REINSTATEMENT
2012**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Malcolm P. Davison Date 10/10/12 Daytime Phone # (816) 668-6453

Typed or printed name of signing Managing Member/Manager Malcolm P. Davison