

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01

FILED

NOV -1 PM 12:17

DOCUMENT #

L96-1133

1. Limited Liability Company's Name

Miami National Golf Club, L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

2. Principal Office Address

6401 Kendale Lakes Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

3. Mailing Office Address

6401 Kendale Lakes Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/25/96

6. FEI Number

65 0714092

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

R. Daniel Mays

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

14610 SW 64th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33158

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****150.00 **** 50.00

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

R. Daniel Mays

Date

10/25/01

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
MGRM	R. Daniel Mays	575 E. Chocolate Avenue	Hershey, PA 17033
MGRM	Stephen J. Garchik	575 E. Chocolate Avenue	Hershey, PA 17033

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

R. Daniel Mays

Date

10/25/01

Daytime Phone #

305-259-5900

Typed or printed name of signing Managing Member/Manager

R. Daniel Mays

CR2E041 (9/00)