

**APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 25 PM 4:39

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # 197000001407**

MSM Golf, LLC  
3001 James Street, 2nd Floor  
Syracuse, NY 13206-2224

1a. Principal Place of Business Address  
4050 North Ocean Drive  
Ochse 201 Singer Island  
West Palm Beach, FL 33404

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/12/97	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
		1999	\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

**7. Name and Address of Current Registered Agent**

Hudson, Wm. Newt, Esq.  
23 West Tarpon Avenue  
Tarpon Springs, FL 34689

**8. Name and Address of New Registered Agent**

Name  
Allan P. Whitehead, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
930 S. Harbor City Blvd.  
Suite, Apt. #, etc.  
Suite 505  
City  
Melbourne  
Zip Code  
FL 32901

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

*Allan P. Whitehead*  
REGISTERED AGENT MUST SIGN

Date 10/25/01

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	MSM Development Co	3001 James St., 2nd Floor	Syracuse, NY 13206-2224

**REINSTATEMENT 00-01**  
*Oct 10/25*

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 By: *[Signature]*  
President

Typed or printed name of signing Managing Member/Manager

Date 10/25/01

Daytime Phone # 321-984-3300

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H01000109952 1)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : FRESE, NASH & HANSEN, P.A.  
Account Number : I20000000258  
Phone : (321)984-3300  
Fax Number : (321)951-3741

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 25 PM 4:39

**LIMITED LIABILITY REINSTATEMENT**

**MSM GOLF, L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$205.00

Electronic Filing Menu

Corporate Filing

Public Access Help