

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE,
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 20 PM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000117

1. Limited Liability Company's Name

THE RACERS COUNTRY CLUB, L. C.

2. Principal Office Address

515 E. Las Olas Boulevard

3. Mailing Office Address

515 E. Las Olas Boulevard

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

Suite 1100

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

Zip

33301

Country

USA

4. State Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida Jan. 28, 1998

6. FEI Number

52-2079227

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

American Information Services, Inc.

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

One S. E. Third Avenue, 28th Floor

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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

American Information Services, Inc.

By: Henry P. Oviedo, Asst. Sec.

REGISTERED AGENT MUST SIGN

Date 7/19/01

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
MGMR	RANGOS, ALEXANDER W.	515 E. Las Olas Blvd., S1100	Fort Lauderdale, FL 33301

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 7/17/00

Daytime Phone # (954) 713-7103

Typed or printed name of signing Managing Member/Manager Alexander W. Rangos