


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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # L98000002074

1. Limited Liability Company's Name
PLAYER'S CHOICE PREMIUM GOLF PRODUCTS LLC

2. Principal Office Address <u>5639 TAYLOR RD</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5639 TAYLOR RD</u> Suite, Apt. #, etc.	
City & State <u>NAPLES FL</u>		City & State <u>NAPLES FL</u>	
Zip <u>34109</u>	Country <u>US</u>	Zip <u>34109</u>	Country <u>US</u>

4. State/Country of Formation <u>FL</u>	
5. Date Organized or Qualified To Do Business in Florida <u>12-24-98</u>	
6. FEI Number <u>65-8866541</u>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name <u>JOHN R SWANBURG</u>	700003491637-2 <u>12/08/00 01041 018</u> <u>****150.00 ****150.00</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2712 BUCKLORN WAY</u>	
Suite, Apt. #, Etc. 	
City <u>NAPLES FL</u>	State Zip Code <u>FL 34105</u>

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 [Signature] **REGISTERED AGENT MUST SIGN** **Date** 10/18/00

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
	<u>RODNEY S SPIELMAN</u>	<u>756 LEEWARD ROAD</u>	<u>VENICE, FL 34293</u>

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 [Signature] **Date** 10/18/00 **Daytime Phone #** 941-596-7600

Typed or printed name of signing Managing Member/Manager RODNEY S SPIELMAN