

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L99000006742

1. Limited Liability Company's Name

MillGolf Acquisitions, LLC

2. Principal Office Address

11 Commerce Road

Suite, Apt. #, etc.

City & State

Rockland, MD

Zip
02370

Country
USA

3. Mailing Office Address

11 Commerce Road

Suite, Apt. #, etc.

City & State

Rockland, MD

Zip
02370

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

10/13/99

6. FEI Number
58-2489946

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

Name

Frank R. Keasler, Jr., Esq.

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

4309 Pablo Oaks Court

Suite, Apt. #, Etc.

Suite 200

City

Jacksonville

State
FL

Zip Code
32224

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 12/20/00

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
	Robert J. Cinotti, Manager	c/o 11 Commerce Road	Rockland, MD 02370
			900003524599--3 -01/05/01--01025--009 *****5.00 *****5.00
			900003524599--3 -01/05/01--01025--010 ****150.00 ****150.00

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 12-22-00 Daytime Phone #

Typed or printed name of signing Managing Member/Manager