

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS  
NOV 15 AM 11:05

**DOCUMENT #** L99000007410

**1. Limited Liability Company's Name**

LEGENDS NATIONAL GOLF MANAGEMENT, LLC

**REINSTATEMENT** 2000

**2. Principal Office Address**

1400N ADGERUS WARF

Suite, Apt. #, etc.

City & State

CHARLESTON, SC 29401

Zip

29401

Country

CHARLESTON

**3. Mailing Office Address**

P.O. BOX 2038

Suite, Apt. #, etc.

City & State

MYRTLE BEACH, SC 29478

Zip

29578

Country

HORRY

**4. State/Country of Formation**

CHARLESTON, SC

**5. Date Organized or Qualified  
To Do Business in Florida**

11/03/99

**6. FEI Number**

57-1082929

☒

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

**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

REGISTERED AGENT MUST SIGN

**JENNIFER F AULTMAN**  
**ASSISTANT SECRETARY**

Date 10/31/00

**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
	LARRY D. YOUNG	1277 DEBORDIEU BOULEVARD DEBORDIEU COLONY	GEORGETOWN, SC 29440

**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

10/27/00

Daytime Phone #

843 236-5131

Typed or printed name of signing Managing Member/Manager

LARRY D. YOUNG