

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -1 PM 12:54

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000008966

1. Corporation Name

LIQUID GOLF VENTURE PARTNERS I, LLC

2. Principal Office Address

1900 S. HARBOUR CITY BLVD

Suite, Apt. #, etc.

315

City & State

MELBOURNE FL

Zip

32901

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

FLORIDA 3/13/01

5. FEI Number

☒ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL W. HAWKINS

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

1900 S. HARBOUR CITY BLVD

Suite, Apt. #, Etc.

315

City

MELBOURNE

10002108040

06/23/03--01057--006 **50.00

State

FL

Zip Code

32901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

MICHAEL W. HAWKINS

Date 6/20/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
managing member director	MICHAEL W. HAWKINS	1900 S. HARBOUR CITY BLVD SUITE 315	MELBOURNE FL 32901

MP 8/1/03

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

MICHAEL W. HAWKINS

MANAGING DIRECTOR

Date 6/20/03

Daytime Phone # 321-308-0126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #