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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sunbiz
Secretary of State
DIVISION OF CORPORATIONS

M00000000276

FILED
03 JAN 24 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000000276

Name and Mailing Address

0003548 01 FP 0.352 **PRSRT T1 0 0615 33326-193505

ELITE GOLF CRUISES, LLC
1305 SHOTGUN RD.
DAVIE FL 33326-1935

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: DE

5. ~~Date Organized or Qualified~~ To Do Business in Florida: 02/08/2000

Principal Place of Business: 1305 SHOTGUN RD. DAVIE FL 33326

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 94-3352012 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

O'SHEA, RICHARD P
1305 SHOTGUN RD.
DAVIE FL 33326

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

10. 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 XX _____ Date 11/5/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	O'SHEA, RICHARD P	1305 SHOTGUN RD.	DAVIE FL 33326

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REINSTATEMENT 02-03

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12. 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 10/31/02 Daytime Phone # 954-382-9611

Typed or printed name of signing Managing Member/Manager Richard P. O'Shea