

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

2001
LIMITED LIABILITY
COMPANY
REINSTATEMENT
LLCR



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

FILED

01 OCT 31 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002498

1. Limited Liability Company's Name

HONOURS GOLF-WGV, LLC

2. Principal Office Address

3475 Lenox Road, NE

Suite, Apt. #, etc.

Suite 400

City & State

Atlanta, GA

Zip

30326

Country

USA

3. Mailing Office Address

3475 Lenox Road, NE

Suite, Apt. #, etc.

Suite 400

City & State

Atlanta, GA

Zip

30326

Country

USA

4. State/Country of Formation

Georgia

5. Date Organized or Qualified
To Do Business in Florida

October 5, 2000

6. FEI Number.

58-2574202

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

Dale W. Morris

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

Date 10/19/01

REGISTERED AGENT MUST SIGN

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

MCX

RLS Golf Properties

3475 Lenox Road, Suite 400 Atlanta, GA 30326

MCX

Barrett Golf Development
Company, LLC

1400 Urban Center Drive
Suite 150 Birmingham, AL 35242

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

Rob Shults

Date 10/19/01

Daytime Phone

(404) 261-8333

Typed or printed name of signing Managing Member/Manager Rob Shults

CR2E041 (9/01)