

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MD1000001871

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JAN 28 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # MD1000001871

1. Limited Liability Company's Name

Harbor Course Properties, LLC (02)

2. Principal Office Address

24 Dockside Lane

Suite, Apt. #, etc.

459

City & State

Key Largo

Zip

33037

Country

USA

3. Mailing Office Address

24 Dockside Lane

Suite, Apt. #, etc.

459

City & State

Key Largo

Zip

33037

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

07/06/2001

6. FEI Number

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

Corporation Service Company

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

1201 Hays Street

400045714734

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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]*

Brian Courtney  
Asst. V. Pres

REGISTERED AGENT MUST SIGN

Date

1/26/05

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
MGR	Fajt, Miroslaw M.	22 Echo Lane	Greenwich, CT 06830
MGR	Yakin, Ronald A.	12 Schuman Road	Millwood, NY 10546
MGR	Malloy, Patrick III	Bay Street at the waterfront	Sag Harbor, NY 11963
MGR	Fajt, Miroslaw M., Master	22 Echo Lane	Greenwich, CT 06830

REINSTATEMENT 2002 - 2005

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

1/19/05

Daytime Phone #

212-880-6222

Typed or printed name of signing Managing Member/Manager

Miroslaw M. Fajt



CORPORATION SERVICE COMPANY

MO1000001871

ACCOUNT NO. : 072100000032

REFERENCE : 167826 4311859

AUTHORIZATION :

*Patricia P. Smith*

COST LIMIT : \$ 300.00

FILED  
05 JAN 28 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 26, 2005

ORDER TIME : 9:16 AM

ORDER NO. : 167826-005

CUSTOMER NO: 4311859

CUSTOMER: Ms. Maureen L. Richards  
Torys LLP  
237 Park Avenue  
20th Floor  
New York, NY 10017-3142

*BR*

DOMESTIC FILINGS

NAME: HARBOR COURSE PROPERTIES, LLC

RECEIVED  
05 JAN 27 AM 10:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS \_\_\_\_\_