FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 13 AM 10:08

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000001650

1. Limited Liability Company's Name

Crystal Lake Golf Club LLC

08

100161669841

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
163 Ferry Road		163 Ferry Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Old Saybrook, CT		Old Saybrook, CT	
Zip	Country	Zip	Country
06475	U.S.	06475	U.S.

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: May 22, 2003

6. FEI Number: 84-1620254 ☑ 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: CLASP INC.

Street Address (P.O. Box Number is Not Acceptable): 3001 Tamiami Trail North, 4th Floor

Suite, Apt. #, Etc.

City: Naples | State: FL | Zip Code: 34103

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Theodore R Walters — Date: 8 Oct 09

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
Mgrm	Old Saybrook Crystal Lake, LLC	37 Water Street	Mystic, CT 06355

REINSTATEMENT 2008-2009

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: 10/13/9 Daytime Phone #: 8603036948

Typed or printed name of signing Managing Member/Manager: RALPH LITTLE / CLARE HOLDINGS LLC, MGR

CORPORATION SERVICE COMPANY

M03000001650

ACCOUNT NO. : I20000000195

REFERENCE : 154277 4313323

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 382.50

ORDER DATE : October 13, 2009

ORDER TIME : 3:42 PM

ORDER NO. : 154277-005

CUSTOMER NO: 4313323

DOMESTIC FILINGS

NAME: CRYSTAL LAKE GOLF CLUB LLC

RECEIVED
09 OCT 13 PM 4:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS BK

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