Florida Department of State

Division of Corporations
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From:
Account Name : CASEY CIKLIN LUBITZ MARTENS & O'CONNELL
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LIMITED LIABILITY REINSTATEMENT

SPRING LAKE GOLFVIEW MANAGEMENT LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # M05000004672

1. Limited Liability Company's Name
Spring Lake Golfview Management LLC

2. Principal Office Address - no P.O. Box #	3. Mailing Office Address
2403 NW 49th Lane	2403 NW 49th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Florida 33431	City & State: Boca Raton, Florida 33431
Zip: 33431 Country: United States	Zip: 33431 Country: United States

4. State/Country of Formation: Delaware/United States

5. Date Organized or Qualified To Do Business in Florida: August 22, 2005

6. FEI Number: 26-4425772 ☐ 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: Gary Walk, Esq.
Street Address (P.O. Box Number is Not Acceptable): Casey Ciklin Lubitz Martens & O'Connell
Suite, Apt. #, Etc.: 515 N. Flagler Drive, 18th Floor
City: West Palm Beach State: FL Zip Code: 33401

☐ 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: Gary Walk — REGISTERED AGENT MUST SIGN — Date: March 13 2009

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Christopher A. Reynolds	2403 NW 49th Lane	Boca Raton, Florida 33431

REINSTATEMENT 03-09

OR 3-16-09

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: March 13, 2009 Daytime Phone #: 561-289-2954

Typed or printed name of signing Managing Member/Manager: Christopher A. Reynolds, Manager