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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

07 OCT -3 AM 10:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

07 OCT -3 AM 11:05
DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

SOUTHERN GOLF PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$150.00

Amanda Roath 255918

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M07000003514

1. Limited Liability Company's Name

Southern Golf Partners LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1401 Peachtree St	1401 Peachtree St
Suite, Apt. #, etc. Ste 407	Suite, Apt. #, etc. Ste. 407
City & State Atlanta GA	City & State Atlanta GA
Zip 30309 Country USA	Zip 30309 Country USA

4. State/Country of Formation Georgia

5. Date Organized or Qualified To Do Business in Florida 1-23-2006

6. FEI Number 20-4090000 ☐ 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 Services Co.

Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes St.

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☐ 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: Amanda Roath — Amanda Roath As its agent — Date 10-03-07

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
Chairman	Allan B Simpson	750 Park Ave	Atlanta, GA 30326
CEO	Marshall James	9075 Twelvestones Dr.	Roswell GA 30076
President	David Cofrin	60 Hurt Plaza	Atlanta GA 30303

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 608.408, 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: Allan B Simpson Date 9-27-2007 Daytime Phone # 4042536341

Typed or printed name of signing Managing Member/Manager: Allan B Simpson