FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 MAY 25 PM 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M0600003922

1. Limited Liability Company's Name

CK GOLF PARTNERS, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
500 Skokie Boulevard		500 Skokie Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 444		Suite 444	
City & State		City & State	
Northbrook, IL		Northbrook, IL	
Zip	Country	Zip	Country
60062	USA	60062	USA

4. State/Country of Formation: Illinois

5. Date Organized or Qualified To Do Business in Florida: 7/17/2006

6. FEI Number: 20-5195214 ☐ 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

E-mail Address: _____ (To be used for future annual report notices)

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: James M. Halpin Assistant Secretary Date: 05/25/2012

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
Manager	Kemper Sports Management, Inc.	500 Skokie Boulevard, Suite 444	Northbrook, IL 60062

REINSTATEMENT
07-12-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: _____ Date: 5/24/12 Daytime Phone #: 847 480 4873

Typed or printed name of signing Managing Member/Manager: _____

M06000039222 2062

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Division of Corporations
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CK GOLF PARTNERS, LLC

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