Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 OCT 12 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
TOUR CLUB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 OCT 12 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

DOCUMENT # M10000000477

1. Limited Liability Company's Name

TOUR CLUB, LLC

REINSTATEMENT 2011

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
11101 W. 120th Ave.		11101 W. 120th Ave.	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
Suite 300		Suite 300	
City & State		City & State	
Broomfield, CO		Broomfield, CO	
Zip	Country	Zip	Country
80021	USA	80021	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 01/22/2010

6. FEI Number
27-1041761
☐ 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

E-mail Address:

msndler@qulntess.com
(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 _____ Date _____
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
MGR	Golf Club Holdings, LLC	11101 W. 120th Avenue, Suite 300	Broomfield, CO 80021

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. 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 10/10/11 Daytime Phone # 720-406-1100

Typed or printed name of signing Manging Member/Manager Bryan M. Schwartz/General Counsel