

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF  
REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
M98 000001323

FILED  
03 FEB 11 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000001323

Name and Mailing Address

0011368 01 SP 0.370 \*\*SGLP

0615 32708

MEADOWBROOK WINTER SPRINGS, LLC  
900 W. SR 434  
WINTER SPRINGS FL 32708



2. New Mailing Address 8390 ChampionsGate Blvd, Suite 200 City, State, Zip ChampionsGate, FL 33896		4. State/Country of Formation DE	
Principal Place of Business 900 W. SR 434 WINTER SPRINGS FL 32708		5. Date Organized or Qualified To Do Business in Florida 11/12/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 95-4712940	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (8/02)

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800009720778 01/24/03--01039--013 **50.00 City, State, Zip FL
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10. 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 Jacqueline N. Casper Jacqueline N. Casper, Asst. VP 2/6/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MEADOWBROOK GOLF GROUP, INC.	345 N. MAPLE DRIVE #200 8390 ChampionsGate Blvd, Ste 200 ChampionsGate, FL 33896	BEVERLY HILLS CA 90210
			800009720778 12/27/02--01071--005 **150.00

REINSTATEMENT 02-03

12. 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 Calvin C. Sellers III Date 12/16/02 Daytime Phone # (407)589-7200

Typed or printed name of signing Managing Member/Manager Calvin C. Sellers III