

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 OCT -2 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M98000001538

1. Limited Liability Company's Name

RIVERSIDE GOLF COURSE AND MARINA, L.L.C.

REINSTATEMENT

200-
2001

2. Principal Office Address

29399 U.S. 19 North

Suite, Apt. #, etc.

Suite 320

City & State

Clearwater, FL

Zip

33761-2137

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

DELAWARE

**5. Date Organized or Qualified
To Do Business in Florida**

DECEMBER 18, 1998

6. FEI Number

52-2129289

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 SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

BRIAN COURTNEY, ASST. V.P.

Date

10/1/01

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
MGRM	CR Golf Course Management, L.L.C.	29399 U.S. 19N, Suite 320	Clearwater, FL 33761-2137

7000004620117-7

JB-201

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

Date 9/28/01

Daytime Phone # 727-726-8868

Typed or printed name of signing Managing Member/Manager **Shannon E. Smith, Chief Financial Officer**



2/2

ACCOUNT NO. : 072100000032

REFERENCE : 729009 7233280

AUTHORIZATION :

Patricia Kizub

COST LIMIT : \$ 205.00

per Angie

ORDER DATE : October 1, 2001

ORDER TIME : 9:45 AM

ORDER NO. : 729009-010

CUSTOMER NO: 7233280

CUSTOMER: Ms. Marilyn Lovelady
American Land Lease
29399 Us Highway 19 North
Suite 320
Clearwater, FL 33761-2137

RECEIVED
01 OCT -2 AM 11:30
DIVISION OF CORPORATION

REINSTATEMENT

NAME: RIVERSIDE GOLF COURSE
AND MARINA, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS _____