
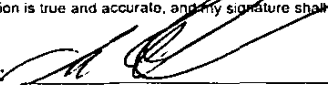


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		06 NOV 16 PM 12:06	
<b>DOCUMENT # P32080</b>					
<b>1. Corporation Name</b>  MacGregor Golf Company					
<b>2. Principal Office Address</b> 101 S. Ellsworth Avenue  Suite, Apt. #, etc. Suite 402  City & State San Mateo, CA  Zip 94401		<b>3. Mailing Office Address</b> 101 S. Ellsworth Avenue  Suite, Apt. #, etc. Suite 402  City & State San Mateo, CA  Zip 94401		<b>REINSTATEMENT</b> C.R.E.O. (12/05)	
				<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12-4-90	
				<b>5. FEI Number</b> 58-2285422 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>					
Name UCC Filing and Search Services, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 1574 Village Square Boulevard					
Suite, Apt. #, Etc. Suite 100					
City Tallahassee				State FL	Zip Code 32309
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>					
Signature of Registered Agent <u>AGISON HAND, ASST SEC</u> Date 11/16/06 <u>6KL455</u> REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
CEO	Barry L. Schneider	101 S. Ellsworth Avenue	San Mateo, CA 94401		
Sec/CFO	Charles A. Frank	101 S. Ellsworth Avenue	San Mateo, CA 94401		
			500081984395 11/21/06--01027--013 **8.75		
			500081984395 11/21/06--01027--014 **300.00		
<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>					
<b>SIGNATURE:</b> 		Charles A. Frank, Secretary 11/15/06 (650)401-5814			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

13. Which: 11/16/06

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MacGregor Golf  
101 S. Ellsworth Avenue, Suite 402  
San Mateo, CA 94401  
Telephone: (650) 401-5800  
Facsimile: (650) 401-5810

November 15, 2006

Florida Secretary of State  
Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

State Representative:

This letter will serve as notification that MacGregor Golf Company did not receive notification of the annual report notices for 2005 and 2006.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles A. Frank", with a long, sweeping horizontal line extending to the right.

Charles A. Frank  
Chief Financial Officer  
MacGregor Golf Company