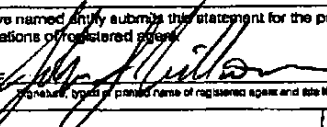
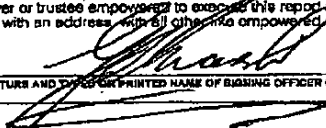


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

2008 FOR PROFIT CORPORATION REINSTATEMENT

08 DEC 19 AM 8:01

DOCUMENT # P94000083747					
1. Entity Name GRAHAM MARSH GOLF CORPORATION					
Principal Place of Business 8350 NW 52 TERR STE 200 DORAL, FL 33166			Mailing Address 8350 NW 52 TERR STE 200 DORAL, FL 33166		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0587304	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPEAR SAFER CPAS & ADVISORS 8350 NW 52 TERRACE STE 200 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Agents and Corporations, Inc. Street Address (P.O. Box Number is Not Acceptable) 300 Fifth Avenue South, Suite 101-330 City Naples FL 34102		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 12/18/08 (Print or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))					
FILE NOW! FEE IS \$160.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSH, GRAHAM V C/O 8350 NW 52 TERRACE # 200 DORAL, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.					
SIGNATURE: 			16 Dec 08		
SIGNATURE AND OFFICE PRINTED NAME OF ISSUING OFFICER OR DIRECTOR			Date Daytime Phone #		

12/19/08

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

CORPORATION REINSTATEMENT

GRAHAM MARSH GOLF CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00

*150
PLEASE CORRECT CHARGE, THANK YOU*

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