FILED
SECRETARY OF STATE
H08000276960 3
DIVISION OF CORPORATIONS

08 DEC 19 AM 8:01

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000083747

1. Entity Name
GRAHAM MARSH GOLF CORPORATION

Principal Place of Business	Mailing Address
8350 NW 52 TERR STE 200 DORAL, FL 33166	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

12112008 REIN-P CR2E098 (1/07)

4. FEI Number: 65-0567304 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPEAR SAFER CPAS & ADVISORS 8350 NW 52 TERRACE STE 200 MIAMI, FL 33166	Name: Agents and Corporations, Inc. Street Address (P.O. Box Number is Not Acceptable): 300 Fifth Avenue South, Suite 101-330 City: Naples FL Zip Code: 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: [signature] DATE: 12/18/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
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
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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 like empowered.

SIGNATURE: [signature] 16 Dec 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/19 cw

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

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