PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 97 NOV 19 PM 2: 42 Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business

SIGNATURE:

P96000081049

Malling Address

1. Corporation Name

C-H GOLF I VENTURES, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4950 NORT	ace of Busine HWEST 110TH RINGS FL 330	I WAY	4950 NORTHWEST 110TH WAY CORAL SPRINGS FL 33076							
If above a 2. New Pri	ddresses are	incorrect in any way, line t Address, If Applicable	rough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable				4. Date Incor To Do Bus	porated or Qualified siness in Florida	10/01/1996	
Sulte, Apt.	#, etc.		Sulte, Apt. #, etc.				5. FEI Number Applied For			
City & State			City & State				65-0704386 Not Applicable 88.75 Additional Fee required			
r		Country	Žip		Country	ountry CE		TE OF STATUS DESIRED 🔲		
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Fig	orida nonpro	fit corporation	ons must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors					Street Address of Each Officer and/or Director Do NOT Use Post Office Box N		n Vumbers)			
D	COHEN, IRA			4950 NORTHWEST 110TH WAY			CORAL SPRINGS FL 33076			
								-11/20/97 ****173.	33083-2 -01076-026 75 ****173.75	
8. Name and Address of Current Registered Agent						Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 10. I, being appointed the registered agent of the above named corporation, am familiar v						Suite, Apt. #, Etc	State Zip Code			
Signature Registere	of d Agent	Sail Shelby	HE GISTER OF	GENT MUS	ST SIGN		obligations of S		1-17-97	
11. Ti	his corp tangible	oration owes or Personal Prop	has paid t	he curr	ent yea	ar Yes 🏻	Į № 🛚	(See ot	her side for information in intangible tax.)	

12.1 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 under section 119.07(3)(i), 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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C-H GOLF I VENTURES, INC. 4950 NORTHWEST 110TH WAY CORAL SPRINGS, FL 33076

November 14, 1997

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Attention: Trevor

Re: "C-H Golf I Ventures, Inc." - Document No. P9600081049

Dear Trevor:

It is our understanding that you spoke with Maria Lamas, Legal Assistant at Eckert Seamans Cherin & Mellott, LC, on November 12th about reinstating the captioned corporation. She advised you that the corporation never received its application for the annual report filing from the Department of State at the address on record. You also instructed her to have on officer of the corporation send this letter of explanation, the Application for Reinstatement (which was received at the address on record) and a check in the amount of \$173.75 representing the filing fee (\$165.00) and the fee for a certificate of status (\$8.75). Be advised that the Notice of Administrative Dissolution or Revocation which we received was our first indication that the corporation was delinquent in its filing.

We trust that you will look into this matter, accept payment in the amount of \$165.00 for the reinstatement, and waive the \$750.

Please do not hesitate to contact me at 954-431-3800 if you have any questions or need additional information.

Sincerely,

C-H GOLF I VENTURES, INC.

By: Da Cha Presolut

Ira Cohen, President