

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 12 AM 10:19

900134597319
08/19/08--01024--004 **288.50

CR2E041 (12/07)

DOCUMENT # L01000000359

1. Limited Liability Company's Name

ONE ON ONE KICKING L.L.C.
228 Bauer Circle
Daytona Beach FL 32124

2. Principal Office Address - No P.O. Box #

SAME AS #1
Suite, Apt. #, etc.
228 BAUER Circle

3. Mailing Office Address

SAME AS #1
Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Zip

32124

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2001

6. FEI Number

65 1078447

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
DAN Lundy

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

228 Bauer Circle

Suite, Apt. #, Etc.

Daytona Beach FL 32124

City

Daytona Beach

State

FL

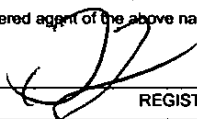
Zip Code

32124

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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



REGISTERED AGENT MUST SIGN

Date Aug 5 08

10. Names and Street Addresses of Managing Members/Managers

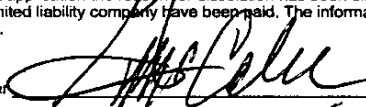
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	George M McCabe	488 mt Airy Dr	Prattville AL 36067
	\$100 Reinstatement Fee		09/21/07 01054 014 \$55.00
	\$50 06 FF		(did not receive 07 corres.)
	\$50 07 FF		
	\$138.75 08 FF		
	\$338.75		
	+5.00 CUS		
	343.75		

REINSTATEMENT

WLS 06-08 llt

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 Aug 2 08

Daytime Phone# 954 274 5963

Typed or printed name of signing Managing Member/Manager

George M McCabe