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 Bayer Circle
Daytona Beach FL 32124

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
SAME AS #1		SAME AS #1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
228 Bayer Circle			
City & State		City & State	
Daytona Beach FL			
Zip	Country	Zip	Country
32124			

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 Bayer 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 _____ Date Aug 5 08
REGISTERED AGENT MUST SIGN

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 CHS = 343.75	REINSTATEMENT CHS 06-08	

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