

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUL 24 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L14000070757**

1. Limited Liability Company's Name

The Miami Sportscenter, LLC

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

1200 Brickell Ave

Suite, Apt. #, etc.

680

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

FL USA

5. Date Organized or Qualified To Do Business in Florida

4/30/14

6. FEI Number

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

David Seltzer, Seltzer Mayberg, LLC

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

1200 Brickell Ave

Apt. #, Etc.

680

City

Miami

State

FL

Zip Code

33131

800275394789
07/24/15--01027--013 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **7/23/15**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR.	Antonio Johnson	1200 Brickell Ave #680	Miami, FL 33131

11. E-mail Address: **info@themiamisportscenter.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

7/23/15

Daytime Phone #

786-317-3687

Typed or printed name of signing authorized representative/member