Florida Department of State

Division of Corporations

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From:
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Account Number : 072720000266
Phone : (941)366-4800
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LIMITED LIABILITY REINSTATEMENT

LONGSHOT, L.L.C.

Certificate of Status	1
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02 APR 25 PM 3:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

4/25

2001-2002

DOCUMENT # L00000003242

1. Limited Liability Company's Name
LONGSHOT, L.L.C.

2. Principal Office Address	3. Mailing Office Address
3920 BEE RIDGE ROAD	3920 BEE RIDGE ROAD
Suite, Apt. #, etc.: BUILDING 3, SUITE F	Suite, Apt. #, etc.: BUILDING 3, SUITE F
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34233 Country: US	Zip: 34233 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: MARCH 20, 2000

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: JAMES, BRIAN C.

Street Address (P.O. Box Number is Not Acceptable): 3920 BEE RIDGE ROAD

Suite, Apt. #, Etc.: BUILDING 3, SUITE F

City: SARASOTA State: FL Zip Code: 34233

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: BRIAN C. JAMES Date:

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	JAMES, BRAIN C	3920 BEE RIDGE ROAD BUILDING 3, SUITE F	SARASOTA, FL 34233
MGRM	MERIWETHER, MICHAEL	3920 BEE RIDGE ROAD BUILDING 3, SUITE F	SARASOTA, FL 34233
MGRM	GARY COMPOTHECARAS	3920 BEE RIDGE ROAD BUILDING 3, SUITE F	SARASOTA, FL 34233
MGRM	GOMES, TONY	3920 BEE RIDGE ROAD BUILDING 3, SUITE F	SARASOTA, FL 34233

11. I certify that I am managing member/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 requirements of section 605.406, 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: Daytime Phone # 941-926-2290

Typed or printed name of signing Managing Member/Manager: BRIAN C. JAMES