

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
02 MAY 17 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004542

1. Limited Liability Company's Name

GLOBAL ATHLETIC CENTERS, L.L.C.

2. Principal Office Address

8663 Blue Flag Way

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip
34109-4300

Country
USA

3. Mailing Office Address

8663 Blue Flag Way

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34109-4300

Country
USA

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

4/19/00

6. FEI Number

22-3727188

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee, Florida

State
FL

Zip Code
32301

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

Deborah D. Skipper

Deborah D. Skipper

REGISTERED AGENT MUST SIGN **Asst. V. Pres.**

Date **5/17/02**

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
	William Stuckey (Man/Member)	8663 Blue Flag Way	Naples, Florida 34109-4300
	(Man/Member) Christopher Stuckey	7001-B WoodBend Drive	Raleigh, N. Carolina 27615
	Constance Stuckey (Member)	8663 Blue Flag Way	Naples, Florida 34109-4300
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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

William Stuckey
William Stuckey

Date

Daytime Phone # **973-359-4242 X110**

Typed or printed name of signing Managing Member/Manager **William Stuckey**