L00000004579

2nd request thank you

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000112899 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
01 NOV -9 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)655-5677

RECEIVED
01 NOV -9 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

BOZTENNIS.COM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

L00-45779

Electronic Filing Menu Corporate Filing Public Access Help

********** -COMM. JOURNAL- ********** DATE NOV-07-2001 ***** TIME 12:07 *** P.01

MODE = MEMORY TRANSMISSION START=NOV-07 12:06 END=NOV-07 12:07

FILE NO.= 008

STN NO.	COM	ABBR NO.	STATION NAME/TEL.NO.	PAGES	DURATION
001	OK	#	18502050383	002/002	00:00'42"
			-GUNSTER YOAKLEY	-	

********** - ****** - **********

Division of Corporations

FILED
01 NOV -9 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000112899 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)655-5677

LIMITED LIABILITY REINSTATEMENT

BOZTENNIS.COM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

Electronic Filing Menu Corporate Filing Public Access Help

H01000112899 9

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 NOV -9 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

L00000004579

DOCUMENT # L00000004579

1. Limited Liability Company's Name
BozTennis.com, LLC

2. Principal Office Address	3. Mailing Office Address
6401 Congress Avenue	6401 Congress Avenue
Suite, Apt. #, etc.: Suite 140	Suite, Apt. #, etc.: Suite 140
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. State/Country of Formation: Florida

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

6. FEI Number: 65-1006683 ☐ 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: Valdes-Fauli Corporate Services, inc.

Street Address (P.O. Box Number is Not Acceptable): 777 South Flagler Drive

Suite, Apt. #, Etc.: Suite 500E

City: West Palm Beach State: FL Zip Code: 33401

CR3E018(01/00)

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: [signature] V.P. Date: 11-02-01
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
MM	Warren M. Bosworth	6401 Congress Avenue, Ste. 140	Boca Raton, FL 33487

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: [signature] Date: 11/5/2001 Daytime Phone #: 561-241-9966

Typed or printed name of signing Managing Member/Manager: Warren M. Bosworth, Managing Member