

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

05 MAR -7 AM 9:18

DOCUMENT # L00000006301

1. Limited Liability Company's Name

Skylark Sports LLC

2. Principal Office Address

20 West Lucerne Circle

Suite, Apt. #, etc.

908

City & State

Orlando, FL

Zip

32801

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

4. State/Country of Formation

FLorida

5. Date Organized or Qualified
To Do Business in Florida

May, 2000

6. FEI Number

522257779

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

Peter DellaValle

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

4601 South Atlantic Ave

Suite, Apt. #, Etc.

503

City

Ponce Inlet

State

FL

Zip Code

32127

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

Peter DellaValle

Date

3-4-05

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	<u>Joseph Michael DellaValle</u>	<u>20 West Lucerne Circle</u>	<u>Orlando, FL 32801</u>
M	<u>Peter DellaValle</u>	<u>4601 S. Atlantic Ave</u>	<u>Ponce Inlet FL 32127</u>

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 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 if made under oath.

Signature of
Managing Member/Manager

Peter DellaValle

Date

3-4-05

Daytime Phone #

(386) 760-3804

Typed or printed name of signing Managing Member/Manager

Peter DellaValle

CR2E041 (10/02)