

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

01 DEC 31 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016146

1. Limited Liability Company's Name

TURTLEBALL, L.L.C.

2. Principal Office Address

7845 SW 67 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33143

Country

USA

Zip

Country

4. State/Country of Formation

Florida / Dade

5. Date Organized or Qualified  
To Do Business in Florida

12/27/200

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

Juan T. O'Naghten

300004761923-1

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

2665 S. Bayshore Dr.

01/09/02-01029-024

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33133

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]

Date 12/27/01

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
<u>MA</u>	<u>Douglas C. Marty</u>	<u>7845 SW 67 Terrace</u>	<u>Miami, FL. 33143</u>

**REINSTATEMENT**

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 12-27-01

Daytime Phone # 305-793-6240

Typed or printed name of signing Managing Member/Manager

DOUGLAS C MARTY

CR2E041 (9/01)