

L01000000359

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILED

04 MAY 28 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L01000000359**

1. Limited Liability Company's Name

ONE TO ONE KICKING SPECIALISTS, LLC

REINSTATEMENT

2002-2004

100037292991
05/25/04--01044--025 **280.00

2. Principal Office Address

430 NW 27th AVE

3. Mailing Office Address

430 NW 27th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Lauderdale FL

City & State

FT Lauderdale FL

Zip **33311**

Country **USA**

Zip **33311**

Country **USA**

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

1/4/2001

6. FEI Number

05-1078447

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

George M McCabe

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

430 NW 27th AVE

Suite, Apt. #, Etc.

City

FT Lauderdale

State
FL

Zip Code

33311

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

George M McCabe

REGISTERED AGENT MUST SIGN

Date **5/6/04**

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
MNGR	George Michael McCabe	430 NW 27th AVE	FT Lauderdale FL 33311
MNGR	Freddie Capshaw	430 NW 27th AVE	FT Lauderdale FL 33311
	Gene		

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

George M McCabe

Date

5/6/04

Daytime Phone #

954-581-2727

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)