

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 21 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002466

1. Limited Liability Company's Name

Island Street Performance, LLC

2. Principal Office Address

6025 N Courtenay Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

6025 N Courtenay Pkwy

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Merritt Island, FL

Zip

32953

Country

USA

Zip

32953

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 02/14/2001

6. FEI Number

59-3710281

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

Karen A. Bell Jones

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

3776 Sunward Dr.

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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

*Karen A. Bell Jones*  
REGISTERED AGENT MUST SIGN

Date 03/11/03

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
MGR	Karen A. Bell Jones	3776 Sunward Dr.	Merritt Island, FL 32953

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

*Karen A. Bell Jones*  
Karen A. Bell Jones

Date 03/11/03

Daytime Phone # 321-459-2646

Typed or printed name of signing Managing Member/Manager

Karen A. Bell Jones

CR2E041 (10/02)