

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
STATE  
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:28

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L01000013768**

1. Limited Liability Company's Name

Sports Training Network, LLC

2. Principal Office Address

11891 U.S. Highway One

Suite, Apt. #, etc.

Suite 201

City & State

North Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

8070 E. Morgan Trail

Suite, Apt. #, etc.

Suite 150

City & State

Scottsdale, AZ

Zip

85258

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

8/16/01

6. FEI Number

65-1132969

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

James D. Ryan, Esquire

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

11891 U.S. Highway One

Suite, Apt. #, Etc.

Suite 201

City

North Palm Beach

State

FL

Zip Code

33408

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

REGISTERED AGENT MUST SIGN

Date 3-4-04

**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
MGRM	Charles B. Ricks	8070 E. Morgan Trail	Scottsdale, AZ 85258

**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

Date 03/05/04

Daytime Phone #

480-991-4653

Typed or printed name of signing Managing Member/Manager Charles B. Ricks

CR2E041 (10/02)