

L02000009042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000009042

1. Limited Liability Company's Name

Perfect Club Company, LLC

2. Principal Office Address

125 E. Marks Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

USA

3. Mailing Office Address

125 E. Marks Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

4/16/2002

6. FEI Number

01-0666778

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 Kessler

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

125 E. Marks Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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 10/8/03

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
MGRM	Peter Kessler	3000 Westchester Avenue	Orlando, FL 32803
MGRM	Christopher J.K. Goodwin	11 Kingspark Crescent	London Ontario Canada N6H4C3

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 10/8/03

Daytime Phone# 407-849-4648

Typed or printed name of signing Managing Member/Manager

Peter Kessler

CR2E041 (10/02)