


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000011531

FILED
05 SEP - 8 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000011531			
1. Limited Liability Company's Name Mixed Martial Arts, LLC			
2. Principal Office Address 1200 South Pine Island Road		3. Mailing Office Address 1200 South Pine Island Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324	Country USA	Zip 33324	Country USA
4. State/Country of Formation Florida/USA		5. Date Organized or Qualified To Do Business in Florida 5/1/02	
6. FEI Number None		Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
	Zip Code 33324

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 Kristen Betzger	Date 9/7/05
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
MGRM	Kirk Jenness	1240 South East Street Amherst, MA 01002	Amherst/MA/01002
MGRM	Gabriel Smallman	456 Belmont St #18	Watertown/MA/02472
REINSTATEMENT 2003-2005 800059582878 09/13/05--01061--012 **250.00			

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 Gabriel L. Smallman	Date 9/6/05 Daytime Phone# 617-923-2575
Typed or printed name of signing Managing Member/Manager Gabriel L. Smallman	

CR2E041 (10/02)