

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 19 AM 10:31

SEC. DEPT. OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L020000012052

1. Limited Liability Company's Name

TW Snowboard Settlement, LLC

2. Principal Office Address

P.O. Box 1955

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33475

Country

USA

3. Mailing Office Address

P.O. Box 1955

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33475

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

5/17/02

6. FEI Number

02060708

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

Jonathan F. Teaford

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

2401 PDA Blvd.

Suite, Apt. #, Etc.

110

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/13/04

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
<u>Manager</u>	<u>John C. Textor</u>	<u>P.O. Box 1955</u>	<u>Hobe Sound, FL 33475</u>

REINSTATEMENT 2003-2004

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

[Signature]

Date

2/13/04

Daytime Phone #

772.545.9656

Typed or printed name of signing Managing Member/Manager