

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 DEC 17 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016662
Name and Mailing Address

0008381 01 AT 0.292 **AUTO T1 0 0615 33311-222165
SPORTS REALTY, LLC
1165 NW 30TH ST.
WILTON MANORS FL 33311-2221



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/02/2002	
Principal Place of Business 1165 NW 30TH ST. WILTON MANORS FL 33311	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input 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 HANER, JOHN E 1165 NW 30TH ST. WILTON MANORS FL 33311	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 John E Haner **SIGNATURE REQUIRED** Date 12/12/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HANER, JOHN E	1165 NW 30TH ST.	WILTON MANORS FL 33311

100025562061
12/17/03-01061-008 **150.00

REINSTATEMENT 2003
M THOMAS

12. 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 John E Haner **SIGNATURE REQUIRED** Date 12/12/03 Daytime Phone # 954-564-7533
Typed or printed name of signing Managing Member/Manager JOHN E HANER