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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L02000024493

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
04 JUN 22 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024493

Name and Mailing Address

0009352 01 AT 0.292 **AUTO T4 0 0615 33609-230208

PLAYERS' GROUP, L.L.C.
108 NORTH ARMENIA AVE.
TAMPA FL 33609-2302

CR2E084 (7/03)

2. New Mailing Address	4. State/Country of Formation: FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 09/18/2002
Principal Place of Business: 108 NORTH ARMENIA AVE. TAMPA FL 33609	3. New Principal Place of Business Address / City, State, Zip
	6. FEI Number: 05-0533097 ☐ 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	9. Name and Address of New Registered Agent
CHAJKOWSKI, TRACY R 108 NORTH ARMENIA AVE. TAMPA FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 SIGNATURE REQUIRED Date 6/15/04

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
MGRM	CHAJKOWSKI, TRACY R	108 NORTH ARMENIA AVE.	TAMPA FL 33609

100038107681
06/21/04--01016--001 **150.00

05/02/03907540280 $50.00

REINSTATEMENT 2003-2004

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 SIGNATURE REQUIRED Date 6/15/04 Daytime Phone # 813 503 6077

Typed or printed name of signing Managing Member/Manager TRACY CHAJKOWSKI