


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 202 - 27464

1. Limited Liability Company's Name

Playground Supply, LLC

2. Principal Office Address

10127 S.W. 36th PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

10127 S.W. 36th PLACE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32607

Country

Zip

32607

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10-17-2002

6. FEI Number

04-3717134

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

CHRISTOPHER J. CORCORAN

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

10127 S.W. 36th PLACE

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32607

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



Date 10/13/04

REGISTERED AGENT MUST SIGN

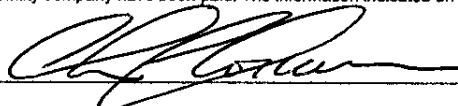
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHRISTOPHER J. CORCORAN	10127 S.W. 36 th PLACE	GAINESVILLE, FL 32607
MGRM	THOMAS P. CORCORAN	4107 TOWNVILLE CIRCLE	MISSOURI CITY, TX 77459
MGRM	STEVEN L. MILLIGAN	152 OAK TRAIL	COPPELL, TX 75019
MGRM	GLENN A. NICHOLAS	2808 WINGREN	IRVING, TX 75062
			10/13/04--01038--003 **200.00

REINSTATEMENT 2003-04

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

10/13/04

Daytime Phone #

352 994-4724

Typed or printed name of signing Managing Member/Manager