

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT -9 AM 10:01

DOCUMENT # L03000006530

1. Limited Liability Company's Name

TRI-SPORTS, L.L.C.

2. Principal Office Address

1042 N. MILLS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1042 N. MILLS AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32803

Country

Zip

32803

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Not Applicable

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

Moore, Michael L. Esquire Baron And Moore, P.A.

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

2208 Hillcrest Avenue

Suite, Apt. #, Etc.

City

ORLANDO, FLORIDA

State

FL

Zip Code

32803

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

Michael L. Moore
REGISTERED AGENT MUST SIGN

Date 10-5-06

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
	McMullen, Earl	1042 N. MILLS AVE	ORLANDO, FLORIDA

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. My signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Earl McMullen

Typed or printed name of signing Managing Member/Manager

Earl McMullen

Date

**SIGN
HERE**

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