

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 OCT 21 PM 12:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000024976

1. Limited Liability Company's Name

TEAM SPORTS SHOP, LLC

2. Principal Office Address

2771-30 MONUMENT RD

Suite, Apt. #, etc.

3. Mailing Office Address

2771-30 MONUMENT RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32225

Country

USA

Zip

32225

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07/01/03

6. FEI Number

20-0063824

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

BRIAN BUTCH

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

2771-30 MONUMENT RD

900042068369

10/21/04--01048--001 **50.00

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32225

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

Brian Butch

Date

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	BRIAN BUTCH	2771-30 MONUMENT RD	JACKSONVILLE, FL 32225

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

Brian Butch

Date

10/20/04

Daytime Phone#

904-241-2533

Typed or printed name of signing Managing Member/Manager

BRIAN BUTCH

CR2E041 (10/02)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

2 of 2
320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
FILED www.triplechecktax.com

2004 OCT 21 PM 12:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

October 20, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Limited Liability Company Reinstatement
Document #L03000024976; Team Sports Shop, LLC

Dear Sir/Madam,

Please see the enclosed Reinstatement form for our client listed above. We are requesting that you accept this application and payment of \$50.00, for the year 2004.

Mr. Butch, Owner of the above Corporation, did not receive his report for the referenced period. Upon our annual review of his account along with your web site, it was determined that he had not filed the Annual Report for the current year. He has always filed his government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Heather Copeland

Enclosures: Corporate Reinstatement
Check: #9937