

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 DEC 20 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000032676

1. Limited Liability Company's Name

EXECUTIVE SPORTS MANAGEMENT, LLC

2. Principal Office Address

809A Daphne Avenue

Suite, Apt. #, etc.

City & State

Daphne, AL

Zip

36526

Country

USA

3. Mailing Office Address

809A Daphne Avenue

Suite, Apt. #, etc.

City & State

Daphne, AL

Zip

36526

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

08/29/2003

6. FEI Number

20-0187175

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

John F. Mariani

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

Phillips Point, 777 South Flagler Drive

Suite, Apt. #, Etc.

Suite 500 East

City

West Palm Beach

State

FL

Zip Code

33401

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

John Mariani

REGISTERED AGENT MUST SIGN

Date 12-10-04

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	John F. Mariani	777 S. Flagler Drive, Suite 500 East	West Palm Beach, FL 33401

REINSTATEMENT 04
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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

John Mariani

Date 12-10-04

Daytime Phone# (561)655-1980

Typed or printed name of signing Managing Member/Manager John F. Mariani, Managing Member

CR2E041 (10/02)