

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 AUG 29 AM 9:08

250.00
101-04

DOCUMENT # L03000034237

1. Limited Liability Company's Name

Hitmaster Sports, LLC

CR2E041 (8/05)

2. Principal Office Address
7235 W. Hillsborough Avenue

3. Mailing Office Address

328 West Bearss Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33634

Country

Zip

33613

Country

4. State/Country of Formation

Florida, Hillsborough

5. Date Organized or Qualified
To Do Business in Florida

September 8, 2003

6. FEI Number

20-0662974

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

Temple H. Drummond, Esq.

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

328 West Bearss Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

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

Temple H. Drummond
REGISTERED AGENT MUST SIGN

Date 7/31/2006

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
Manager	Paul A. Russo	7235 W. Hillsborough Avenue	Tampa, Florida 33634
Manager	Stuart McKown	7235 W. Hillsborough Avenue	Tampa, Florida 33634

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REINSTATEMENT 04-06

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

Stuart McKown

Date 7/31/2006

Daytime Phone# (813) 884-3444

Typed or printed name of signing Managing Member/Manager

Stuart McKown