


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 FEB 10 PM 2:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000038823			
1. Entity Name UNITED SPORTS MANAGEMENT OF FLORIDA, L.L.C.			
Principal Place of Business 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804		Mailing Address 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02042009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-1206612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent OSWALD, DOUGLAS W 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Douglas W. Oswald Street Address (P.O. Box Number is Not Acceptable) 222 S. Westmonte Drive, Ste. 210 City Altamonte Springs FL Zip Code 32714	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 4, 2009

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLOZS, CAROL 1606 ALABAMA WAY WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600143255046 02/10/09--01013--010 <input type="checkbox"/> Change <input type="checkbox"/> Addition **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

08, 09

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Feb 4, 2009

407-497-0806

N. O. O. FEB 11 2009