

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 10 AM 9:04

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000041669

1. Limited Liability Company's Name

JAX SPORTSWORLD, LLC

CR2E041 (8/05)

2. Principal Office Address 3605 Philips Highway Suite, Apt. #, etc. City & State Jacksonville, Florida Zip 32082 Country US		3. Mailing Office Address 8055 Whisper Lake Lane West Suite, Apt. #, etc. City & State Ponte Vedra Beach, FL Zip 32082 Country US	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 6/03/2004	
6. FEI Number 20-1194945	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Pete Jacob	
Street Address (P.O. Box Number is Not Acceptable) 8055 Whisper Lake Lane West	
Suite, Apt. #, Etc.	
City Ponte Vedra Beach, FL	State FL
Zip Code 32082	

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

Date **March 1, 2006**

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	JACOB, PETE	8055 WHISPERING LAKE LANE WEST	PONTE VEDRA BEACH, FLORIDA 32082
MGRM	LEONARD, STEVE	24601 DEER TRACE DRIVE	PONTE VEDRA BEACH, FLORIDA 32082

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03/30/06-01044-012 **200.00
REINSTATEMENT 05-06

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

Date **3/01/2006**

Daytime Phone # **(904)923-0871**

Typed or printed name of signing Managing Member/Manager **Pete Jacob**