

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 28 PM 1:48

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000065422

1. Limited Liability Company's Name

BALLPARK PUBLIC RELATIONS, LLC

2. Principal Office Address - No P.O. Box # 5216 SW 120 Avenue Suite, Apt. #, etc. n/a City & State Cooper City, FL Zip 33330		3. Mailing Office Address 5216 SW 120 Avenue Suite, Apt. #, etc. n/a City & State Cooper City, FL Zip 33330	
Country United States		Country United States	

4. State/Country of Formation Florida/United States	
5. Date Organized or Qualified To Do Business in Florida August 18, 2004	
6. FEI Number 81-0661305	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
Robert Lee Walker

Street Address (P.O. Box Number is Not Acceptable)
5216 SW 120 Avenue

Suite, Apt. #, Etc.
n/a

City
Cooper City, FL

State
FL

Zip Code
33330

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 8/20/08

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
MGR	Robert Lee Walker	5216 SW 120 Avenue	Cooper City, FL 33330

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REINSTATEMENT 2006-08

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 8/20/08

Daytime Phone # (954) 434-9234
(954) 734-3552

Typed or printed name of signing Managing Member/Manager Robert Lee Walker