

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 CORPORATION

10 FEB 10 PM 3:45

DOCUMENT # L04000086022

1. Limited Liability Company's Name

INTERNATIONAL SOCCER PROGRAM LLC

200168242352
02/08/10--01062--013 **416.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

3820 Colonial Blvd

Suite, Apt. #, etc.

101

City & State

Fort Myers, FL

Zip

33912

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8-6-07

6. FEI Number

20-2699103

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

MANATEE CONSULTING INC.

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

3820 Colonial Blvd

Suite, Apt. #, Etc.

101

City

Fort Myers

State

FL

Zip Code

33912

☒ 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

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	JUERGEN KANTENWEIN	3820 Colonial Blvd Suite 101	Fort Myers, FL 33912

11. E-mail Address:

(To be used for future annual report notifications)

12. 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 1/26/10

Daytime Phone # 239-2445690

Typed or printed name of signing Managing Member/Manager