

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 24 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10172007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000038230 1. Entity Name FLORIDA PLAYSTRUCTURES, LLC					
Principal Place of Business 13180 NORTH CLEVELAND AVE #306 NORTH FORT MYERS, FL 33903 US			Mailing Address 13180 NORTH CLEVELAND AVE #306 NORTH FORT MYERS, FL 33903 US		
2. Principal Place of Business - No P.O. Box # 1037 East Brandon Blvd		3. Mailing Address SAME			
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -			
City & State Brandon		City & State Brandon		4. FEI Number 42-1666297	
Zip 33511 Country US		Zip 33511 Country US		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIDA, MICHAEL 13180 NORTH CLEVELAND AVE. #306 NORTH FORT MYERS, FL 33903				7. Name and Address of New Registered Agent Name Weida, Michael Street Address (P.O. Box Number is Not Acceptable) 4626 West North B Street City Tampa FL Zip Code 33609	
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 (0-1707) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		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	MGR WEIDA, MICHAEL C 13180 NORTH CLEVELAND AVE. #306 NORTH FORT MYERS, FL 33903	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Weida, Michael 1037 East Brandon Blvd Brandon, 33511	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEONE, JOANN M 13180 NORTH CLEVELAND AVE. #306 NORTH FORT MYERS, FL 33903	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Maynard-Jones, Cindy L 1037 East Brandon Blvd Brandon, 33511	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Patrick, Douglas 1037 East Brandon Blvd Brandon, 33511	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	☐ Delete	800111300118 10/24/07--01047--005 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	☐ Delete	REINSTATEMENT 07		
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:			Date 10-17-07 Daytime Phone # 683-8797		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					