

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:53

DOCUMENT # L05000051794

1. Corporation Name

Systems Sports Group, LLC

2. Principal Office Address

3201 Sawgrass Village Cir
Suite, Apt. #, etc.

3. Mailing Office Address

3201 Sawgrass Village Cir
Suite, Apt. #, etc.

City & State

Ponte Vedra Beach FL

Zip
32082

Country

USA

City & State

Ponte Vedra Beach FL

Zip

32082

Country

USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/25/05

5. FEI Number

20-2908314

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Randy Payne

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

3201 Sawgrass Village Circle

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Randy Payne

Date

11/29/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Randy Payne	3201 Sawgrass Village Cir	PVB, FL, 32082

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12/04/06--01056--010 **150.00

REINSTATEMENT 2006

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Randy Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/06

Date

904-273-8007

Daytime Phone #