

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000056020

1. Limited Liability Company's Name

Soccer Tutors LLC

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

18480 120th Terrace North

3. Mailing Office Address

18480 120th Terrace North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter

City & State

Jupiter

Zip

33478

Country

Palm Beach

Zip

33478

Country

Palm Beach

4. State/Country of Formation

Florida/ United States

5. Date Organized or Qualified  
To Do Business in Florida

5/31/2005

6. FEI Number

20-3082062

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

Kyle Lawrence Gero

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

18480 120th Terrace North

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33478

☒ 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

REGISTERED AGENT MUST SIGN

Date

10/8/07

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	Chris Sparks	2433 24th Lane, <del>APT 2006</del>	Palm Beach Gardens, FL 33418
REINSTATEMENT			
200110895622 10/11/07--01033--008 **100.00			
DB 2006-07			

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

Chris Sparks

Date

10/8/07

Daytime Phone #

(561) 662-5191

Typed or printed name of signing Managing Member/Manager