

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 CORPORATIONS

06 OCT 12 AM 10:03

DOCUMENT #

L05000077103

1. Limited Liability Company's Name

NEXT SPORTS LLC

2. Principal Office Address

13470 SW 131 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

USA

3. Mailing Office Address

13470 SW 131 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

09/05

6. FEI Number

03-0567233

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

Eduardo G. Owen

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

20120 SW 79 Ave.

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33189

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

10/11/06

**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
<i>owner</i> <i>manager</i>	Eduardo G. Owen	20120 SW 79 Ave	MIAMI, FL 33189

REINSTATEMENT 2006

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

11/11/06

Daytime Phone #

786-271-0666

Typed or printed name of signing Managing Member/Manager

Eduardo G. Owen