

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAY 12 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700155763367
05/11/09--01033--014 **342.50

CR2E041 (10/08)

DOCUMENT # L05000087644

1. Limited Liability Company's Name

County Line Action Sports Park LLC

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

2516 Countyline Rd

Suite, Apt. #, etc.

3. Mailing Office Address

28 Marble Rd

Suite, Apt. #, etc.

City & State

Fountain, FL

City & State

Spencer, MA

Zip

32438 USA

Zip

01562 USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11/30/2007

6. FEI Number

20-3423470

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

Roger Godin

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

2516 Countyline Rd

Suite, Apt. #, Etc.

City

Fountain

State

FL

Zip Code

32438

☒ 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

[Signature]

Date

5/1/09

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
MEM	Roger Godin	2516 Countyline Rd	Fountain, FL 32438

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

[Signature]

Date

5/1/09

Daytime Phone #

508-847-2231

Typed or printed name of signing Managing Member/Manager

Roger Godin