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 11 APR 18 PM 3: 29
DOCUMENT # LoSoou121832 1. Limited Liability Company's Name		THEN TO THE ST Z.W
ORTHOSPORTS,		.
		CR2E041 (1/11)
2. Principal Office Address - No P.O. Box# 3251 Mamullan Box	3. Mailing Office Address	State/Çountry of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida/USA
Suite 201		Date Organized or Qualified To Do Business in Florida
City & State	City & State	6. FEI Number Applied For
Zip Country	FLOX Country	20-399 1316 HOT Applicable
33761 USA	Zip Country	7. CERTIFICATE OF STATUS DESIRED for a Certificate of Status
8. Name and Address of 0	Current Registered Agent	
Brian C. Oliver		E-mail Address:
Street Address (P.O. Box Number is Not Acceptable)		500202427365 04/19/1101001006 **30,00
3251 McMullen Booth Rd.		be or iver @ yahoo com
Suite 201		I palladinup outhosports con
Clearwater	State Zip Code FL 33761	(To be used for future annual report notices)
9. I, being appointed the registered agent of the above	ve named limited liability company, am familiar with and a	ccept the obligations of Chapter 608, F.S.
Signature of Registered Agent		Date
10. Names and Street Addresses of Managing Mem	EGISTERED AGENT MUST SIGN	
Titles Name of	Street Address of Each	City / State / Zip
Managing Members/Manage	Managing Member/Manag	- ,
Mgrm Brian C Oliver		Chameous FL 33761
		500202427365 04/19/1101001007 **298.80
	ENT IDALL	
REINSTATEM	7,144 (10)1	500202427365 04/19/1101001008 **187.45
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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 filling 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
Signature of Managing Busin Dune mo Date 3/28/11 Daytime Phone # 725-6231		

Typed or printed name of signing Managing Member/Manager