

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000038494

1. Limited Liability Company's Name

SportsScents, LLC

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

6925 Lake Eaglebrooke Dr. Same as #2

Suite, Apt. #, etc.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Florida Same as #2

Zip

33813

Country

USA

Zip

#2

Country

#2

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

13 April 2006

6. FEI Number

20-4683942

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

John Klar

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

6925 Lake Eaglebrooke Dr.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

☒ 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]

REGISTERED AGENT MUST SIGN

Date 28 April 2008

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 |
|--------|-----------------------------------|---|--------------------|
| Pres.  | John Klar                         | 6925 Lake Eaglebrooke Dr.<br>Lakeland, FL 33813 |                    |
|        |                                   |   |                    |
|        |                                   |   |                    |
|        | REINSTATEMENT                     | 2007, 2008                                      |                    |
|        |                                   |   |                    |
|        |                                   |   |                    |

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 28 April 2008 Daytime Phone # 863-646-8930

Typed or printed name of signing Managing Member/Manager

FILED  
JUN 17 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA