

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000050383

1. Limited Liability Company's Name

Aspire Higher Volleyball, LLC.

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

5661 Cypress Gardens Blvd

Suite, Apt. #, etc.

City & State

Winter Haven, Fl.

Zip

33884

Country

Polk

3. Mailing Office Address

5661 Cypress Gardens Blvd

Suite, Apt. #, etc.

City & State

Winter haven, Fl.

Zip

33884

Country

Polk

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified
To Do Business in Florida

06-13-2005

6. FEI Number

20-2986888

☐ 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

Nikki Vaporis

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

8504 36th Ave East

Suite, Apt. #, Etc.

City

Palmetto

State

FL

Zip Code

34221

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

Nikki Vaporis

Date 8/26/10

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
MGRM	Elizabeth Logue	8504 36th Ave East	Palmetto, FL. 34221

REINSTATEMENT -08-10

11. E-mail Address ahv@aspirehighervolleyball.com

(To be used for future annual report notifications)

12. 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

Elizabeth Logue

Date

8-26-10

Daytime Phone #

813-849-8587

Typed or printed name of signing Managing Member/Manager Elizabeth Logue

C.L.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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