

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000011674

1. Limited Liability Company's Name

GULFSTREAM TOURNAMENTS, LLC

400161901484
10/19/09--01034-008 **138.75

2. Principal Office Address - No P.O. Box #
1020 LAKESHORE DR

Suite, Apt. #, etc.
104

City & State
LAKE PARK, FL

Zip Country
33403 USA

3. Mailing Office Address
1020 LAKESHORE DR

Suite, Apt. #, etc.
104

City & State
LAKE PARK, FL

Zip Country
33403 USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **01/31/2007**

6. FEI Number
20-8363993

☐ 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 SCOTT NICHOLS

Street Address (P.O. Box Number is Not Acceptable)
1020 LAKESHORE DR

Suite, Apt. #, Etc.
104

City State Zip Code
LAKE PARK FL 33403

☒ 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

REGISTERED AGENT MUST SIGN

Date **10/14/09**

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	JOHN SCOTT NICHOLS	1020 LAKESHORE DR #104	LAKE PARK FL 33403

REINSTATEMENT 09

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 **11/2/09**

Daytime Phone # **561 628-0335**

Typed or printed name of signing Managing Member/Manager **JOHN SCOTT NICHOLS**