PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

, , , , , , , , , , , , , , , , , , , ,	P** 1		
COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED 09 NOV 23 PM 2: 45
DOCUMENT # LOT DOCO 41011 1. Limited Liability Company's Name			SECRETARY OF STATE IALLAHASSEE, FLORIDA
The Otherside Boardsports, LLC			
O Division of the Name of the	2 14-11 040 1	CR2E041 (10/08)	
2. Principal Office Address - No P.O. Box # 83292 OVERSEAS HW	3. Mailing Office Address		4. State/Country of Formation
Suite, Apt. #. etc.	Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida
City & State Islamorada FI	City & State		6. FEI Number 20887:3:546 Applied For Not Applicable
21933036 Country USA	Zīp	Country	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent			/
NAME SHANA MASTRO			A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)			In circumstances which the entity did not receive the prior notices. By checking this
Suite, Apt. #, Etc.			box, you are certifying the prior notices were
dule, Apr. #, Etc.			not received and requesting the \$100 reinstatement be waived.
Ts/amorada State Zip Code FL 33036			
9. 1, being appointed the registered agent of the above Signature of Registered Agent	Date		
10. Names and Street Addresses of Managing Members/Managers			
Titles Name of Street Address of Each Managing Members/Managers Managing Member/Man		ger City / State / Zip	
mgrm Michael Well	sh 8329	12 Overseus 1	twy Slamorade, Fi 33036
	,		
	TALLNIT	,	10/ 10/ 02/ 02/ 02/ 02/ 10/ 10/ 10/ 10/ 10/ 10/ 10/ 10/ 10/ 10
PEINSTAT	EMHUI		
INALIA TO THE	108	n Q	
	001	V - 	
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. Signature of Managing Member/Manager Managing Member/Manager Date 1 8 19 Daytime Phone# 35.853.9128			
Typed or printed name of signing Managing Member/Manager SHAVA MASTRO			

ARRE C O VICE