FILED
09 JAN 20 AM 9: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000060558

1. Entity Name
NORTHSTAR SPORTS REPRESENTATION, LLC

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD., SUITE 307 AVENTURA, FL 33180	20801 BISCAYNE BLVD., SUITE 307 AVENTURA, FL 33180
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

BK 08

01162009 REIN-LLC CR2E101 (1/07)

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPOLI, CHRISTOPHER
8100 S.W. 65TH COURT
DAVIE, FL 33314

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7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ 1/20/09
Typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NAPOLI, CHRISTOPHER 20801 BISCAYNE BLVD., SUITE 307 AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400141513404 01/21/09--01002--003 **277.50
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REINSTATEMENT 2008-2009

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______ 1/20/09 305-792-2540
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — Daytime Phone #