

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV -4 AM 10:00

DOCUMENT # L07000067390

1. Limited Liability Company's Name

Team Florida Lacrosse/Florida Elite Lacrosse, LLC

400162257614
10/28/09--01030--009 **283.50
CR2E041 (10/08)

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

248 Brantley Harbor Dr.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32086

Country

USA

3. Mailing Office Address

PMB 113

Suite, Apt. #, etc.

4255 US Hwy 1 S, #19

City & State

St. Augustine, FL

Zip

32086

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

06/26/07

6. FEI Number

26-2394936

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

Thomas West

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

248 Brantley Harbor Rd Drive

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

☒ 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

Date

10/20/09

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
Mgr	Thomas West	248 Brantley Harbor Dr.	St. Augustine, FL 32086
Mgr	Jeff Goldberg	3900 Jog Road	Boca Raton, FL 33434

REINSTATEMENT 2008, 2009

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

10/20/09

Daytime Phone #

3869318303

Typed or printed name of signing Managing Member/Manager

Thomas West