

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000090493

1. Limited Liability Company's Name

PROTECTORI POWERED BY TITUS SPORTS ACADEMY, LLC

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

1425 Village Square Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 12339

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32312

Country

USA

City & State

TALLAHASSEE, FL

Zip

32317

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

10/26/2007

6. FEI Number

26-1304405

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

J. STEVEN CARTER

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

2508 BARRINGTON Circle

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

☒ 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 5-20-2010

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
Director	ROY BEDARD	249 EAST 6 th AVE	TALLAHASSEE, FL 32303
CEO	ADAM FAHOT	1425 Village Square Blvd	TALLAHASSEE, FL 32312
COO	DAVID BATKA	1425 Village Square Blvd	TALLAHASSEE, FL 32312

REINSTATEMENT

08-10

OR 6-7-10

11. E-mail Address: dbatka@titussports.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

Date 2/12/2010

Daytime Phone #

Typed or printed name of signing Managing Member/Manager DAVID BATKA