

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 23 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L08000031220

1. Limited Liability Company's Name

GLC ATHLETICS L.L.C.

400162080804  
10/23/09--01036--015 \*\*143.75  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
4601 66TH ST W

3. Mailing Office Address  
4601 66TH ST W

Suite, Apt. #, etc.

APT 1433B

Suite, Apt. #, etc.

APT 1433B

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34210

Country

US

Zip

34210

Country

US

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 03/27/2008

6. FEI Number  
26-2324072

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

RODRICK MILLER

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

4601 66TH ST W

Suite, Apt. #, Etc.

APT 1433B

City

BRADENTON

State

FL

Zip Code

34210

☒ 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

10/23/2009

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| MGRM   | RODRICK MILLER                       | 4601 66TH STREET W APT 1433B                      | BRADENTON, FL 34210 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

**REINSTATEMENT** 09

*DR Miller*

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

10/23/2009

Daytime Phone #

Typed or printed name of signing Managing Member/Manager