

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 29, 2009
Secretary of State

DOCUMENT# L08000044230

Entity Name: PT SPORTS LLC

Current Principal Place of Business:

6500 WEST RODGERS CIRCLE, STE 1000
DELRAY BEACH, FL 33446

New Principal Place of Business:

15602 MESSINA ISLES COURT
DELRAY BEACH, FL 33446

Current Mailing Address:

6500 WEST RODGERS CIRCLE, STE 1000
DELRAY BEACH, FL 33446

New Mailing Address:

15602 MESSINA ISLES COURT
DELRAY BEACH, FL 33446

FEI Number: 26-2540238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, RICHARD
1304 SW 160TH AVE
PMB 423
FORT LAUDERDALE, FL 33326 US

Name and Address of New Registered Agent:

KRINSKY, BRIAN
15602 MESSINA ISLES COURT
DELRAY BEACH, FL 33326 US

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.

SIGNATURE: BRIAN KRINSKY

10/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RJMK MANAGEMENT LLC
Address: 15602 MESSINA ISLES COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM (X) Delete
Name: CAPS MANAGEMENT LLC
Address: 16072 BRISTOL ISLE WAY
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN KRINSKY

MGRM

10/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date