

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000050371

1. Limited Liability Company's Name

SUMANTRA SPORTS LLC

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

1451 MONTE CARLO DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1451 MONTE CARLO DRIVE

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33764

Country

USA

Zip

33764

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

05/11/2010

6. FEI Number

27-2548146

☐ 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

SANJOY BAGCHI

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

1451 MONTE CARLO DRIVE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33764

E-mail Address:

sanjoy@sumantrasports.com

(To be used for future annual report notices)

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

[Signature]

Date 10/13/2011

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
MGRM	CAROL A. MIDYETTE	1451 MONTE CARLO DRIVE CLEARWATER, FL	CLEARWATER/FL/33764
MGRM	SANJOY BAGCHI	1451 MONTE CARLO DRIVE	CLEARWATER/FL/33764

REINSTATEMENT

2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 10/15/2011

Daytime Phone # 203-247-9166

Typed or printed name of signing Managing Member/Manager Carol A. Midyette

FILED

2011 OCT 18 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. Hampton OCT 18 2011