


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

15 MAY -6 AM 8:52
 ALLATASSSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2015



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L12000013214**

1. Limited Liability Company's Name
DELUCA'S SPORTS PERFORMANCE, LLC

2. Principal Office Address - No P.O. Box # 3290 SUNTREE BLVD		3. Mailing Office Address 3290 SUNTREE BLVD	
Suite, Apt #, etc 103		Suite, Apt #, etc. 103	
City & State MELBOURNE, FLORIDA		City & State MELBOURNE, FLORIDA	
Zip 32940	Country USA	Zip 32940	Country USA

CR2E041 (1/14)

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
01/27/2012

6. FEI Number
45-4378499

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
ZACH LUSH

Street Address (P.O. Box Number is Not Acceptable) Suite
3170 CONSERVATION PLACE

Apt # Etc
101


City
MELBOURNE

State
FL

Zip Code
32934

700272652827
 05/06/15--01021--010 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Date **4-30-15**

REGISTERED AGENT MUST SIGN


10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
CEO	ZACH LUSH	3170 CONSERVATION PLACE	MELBOURNE, FL 32934

11. E-mail Address: **ZACH@DELUCASTRAINING.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member  Date **04/30/15** Daytime Phone # **321-517-3433**

Typed or printed name of signing authorized representative/member **ZACH LUSH**