

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2016 JUL 14 AM 8:05

DOCUMENT # L13000056347

1. Limited Liability Company's Name  
National Sportsfan Association

DEC 29 2015  
L BERGER

2. Principal Office Address - No P.O. Box # 1500 N. Congress Ave.		3. Mailing Office Address 1500 N. Congress Ave.	
Suite, Apt. #, etc. A-31		Suite, Apt. #, etc. A-31	
City & State West Palm Beach, FL.		City & State West Palm Beach, FL.	
Zip 33401	Country USA	Zip 33401	Country USA

4. State/Country of Formation FL.	
5. Date Organized or Qualified To Do Business in Florida 4-15-2013	
6. FEI Number 90-0982939	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name  
Tommy T. Gaskin

Street Address (P.O. Box Number is Not Acceptable) Suite,  
1500 N. Congress Ave.

Apt. #, Etc.  
A-31

City West Palm Beach	State FL	Zip Code 33401
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100280452261  
04/15/16--01028--006 \*\*265.00

W15000083162

100280452261  
12/23/15--01022--008 \*\*105.00

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 11-16-2015

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
MGR	Tommy T. Gaskin	1500 N. Congress Ave. #A-31	West Palm Beach, FL. 33401

100280452261  
07/14/16--01037--024 \*\*146.00

11. E-mail Address: tommygaskin27@yahoo.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 5-16-2015

Daytime Phone # (561) 541-1762

Typed or printed name of signing authorized representative/member Tommy T. Gaskin