

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 17 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT #

1. Limited Liability Company's Name Pigskin, Inc., L.C.

2. Principal Office Address

401 CHANNELSIDE DRIVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33602

Country

US

3. Mailing Office Address

401 CHANNELSIDE DRIVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33602

Country

US

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

1994

6. FEI Number

5932681665

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

TIM MARCUM

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

6409 RUBIA DRIVE

Suite, Apt. #, Etc.

City

APOLLO BEACH

State

FL

Zip Code

33572

200059176102
08/31/05--01028--021 **251.00

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

Tim Marcum
REGISTERED AGENT MUST SIGN

Date 8/16/05

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
MGR	TIM MARCUM	6409 RUBIA DRIVE	APOLLO BEACH / FL / 33572
MGR	RORY RIGDON	3907 N KEENE RD	PLANT CITY / FL / 33565

REINSTATEMENT 2003-2005

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

Rory Rigdon

Date 8/16/05

Daytime Phone # 813/367-5900

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)