

L 97000000230

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 18 PM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 97000000230

1. Limited Liability Company's Name

Bollettieri Sports Medicine Center
Limited Liability Company

300012591983
02/17/03--01041--002 **300.00

2. Principal Office Address

c/o Bollettieri, Inc.
Attn: Greg Breunich
Suite, Apt. #, etc.
5500 34th St W.

3. Mailing Office Address

c/o Bollettieri, Inc.
Attn: Greg Breunich
Suite, Apt. #, etc.
5500 34th St. W.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34210

Country

Zip

34210

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/21/97

6. FEI Number

593430847

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

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

PETER F. SOUZA

ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 2/5/03

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
Mgpm	Bollettieri, Inc. (formerly Bollettieri Tennis & Sports Academy, Inc.)	5500 34th St W.	Bradenton, FL 34210
Mgpm	William E. McComb	2828 S. Tamiami Trail	Sarasota, FL 34239

REINSTATEMENT 2000-03

AL

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

Date 2/4/2003

Daytime Phone #

941-755-1000

Typed or printed name of signing Managing Member/Manager

Greg Breunich

CR2E041 (10/02)