

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L98000000519

1. Entity Name
BRETT PAUL ENTERPRISES, L.C.



FILED

07 FEB 19 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: Mailing Address:
PLAY IT AGAIN SPORTS 2975 W. NEW HAVEN AVE
2975 W. NEW HAVEN AVE W. MELBOURNE, FL 32904
W. MELBOURNE, FL 32904

2. Principal Place of Business - No P.O. Box #
Play it Again Sports
Suite, Apt. #, etc.

3. Mailing Address
2975 W. New Haven Ave
Suite, Apt. #, etc.

02122007 REIN-LLC CR2E101 (1/07)

City & State
W. Melbourne FL

4. FEI Number
59-3502712
Applied For
Not Applicable

Zip Country
32904 Breward

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent
PAUL, M. BRETT
7741 GREENBORO DR.
W. MELBOURNE, FL 32904

7. Name and Address of New Registered Agent
Name Paul, M. Brett
Street Address (P.O. Box Number is Not Acceptable)
2520 Ranch Rd
W. Melbourne, FL 32904
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE M. Brett Paul M. Brett Paul 2/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$200.00 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAUL, M. BRETT 2975 W. NEW HAVEN AVE. W. MELBOURNE, FL 32904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER PAUL, M. BRETT 2975 W. New Haven Ave W. Melbourne FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: M. Brett Paul M. Brett Paul 2/16/07 (321) 984-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #