PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
00 NOV 14 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000000720

REINSTATEMENT 1999-2000

1. Limited Liability Company's Name

Izano Sports, L.C.

2. Principal Office Address	3. Mailing Office Address
5225 Central Avenue	P.O. Box 67037
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg Beach, FL
Zip: 33710 Country:	Zip: 33736 Country: US

4. State/Country of Formation: Florida/US

5. Date Organized or Qualified To Do Business in Florida: 06/01/98

6. FEI Number: 59-3519659 ☐ 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: Larry Martin

000003473610--8
-11/21/00--01119--022
****300.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 5225 Central Avenue

Suite, Apt. #, Etc.

City: St. Petersburg State: FL Zip Code: 33701

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: [signature] Date: 11-8-00

REGISTERED AGENT MUST SIGN

CR2E041 (8/99)

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	Larry Martin	5225 Central Avenue	St. Petersburg, FL 33710
			000003473610--8 -11/21/00--01119--023 *****50.00 *****50.00

11-15-00

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: [signature] Date: 11-8-00 Daytime Phone #: 727-323-4440

Typed or printed name of signing Managing Member/Manager: Larry Martin