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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 19 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003474

1. Limited Liability Company's Name

Green Ice Sports Complex, L.C.

2. Principal Office Address		3. Mailing Office Address	
6565 North W Street		6565 North W Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 260		Suite 260	
City & State		City & State	
Pensacola, Florida		Pensacola, Florida	
Zip	Country	Zip	Country
32505	USA	32505	USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 6/15/1999

6. FEI Number: 03-0496695 ☐ 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: John A. Panyko

Street Address (P.O. Box Number is Not Acceptable): 200 South Tarragona Street

Suite, Apt. #, Etc.:

City: Pensacola State: FL Zip Code: 32501

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 _____ Date December 17 2002

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	James J. Marks	6565 North W Street Suite 260	Pensacola, Florida 32505

REINSTATEMENT 2002

REINSTATEMENT

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 608.408, 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 12/19/02 Daytime Phone # 850 429-8640

Typed or printed name of signing Managing Member/Manager James J. Marks

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Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

GREEN ICE SPORTS COMPLEX, L.C.

Certificate of Status	1
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