

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L99000005705

1. Limited Liability Company's Name

STREVE SPORTS MARKETING, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address

1443 SW 13th CT.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

U.S.A.

3. Mailing Office Address

1443 SW 13th CT.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number



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

500003488375-6

-12/05/00-01113-004

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

****150.00 ****150.00

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

W. S. Christoph
REGISTERED AGENT MUST SIGN

Date 11/13/2000

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
PRES.	(CHUCK) CHARLES MATSOFF	1443 SW 13 th CT. FT. LAUDERDALE	FT. LAUDERDALE, FL 33312
VICE PRES.	ANGELA MATSOFF	1443 SW 13 th CT.	FT. LAUDERDALE, FL 33312

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

Chuck Matsoff

Date 11/10/2000

Daytime Phone # 954-763-9848

Typed or printed name of signing Managing Member/Manager CHUCK MATSOFF