

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
01 DEC 10 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007715

1. Limited Liability Company's Name

GOAL LINE MANAGEMENT, LLC

2. Principal Office Address

1025 KANE CONCOURSE

Suite, Apt. #, etc.

SUITE 207

City & State

BAY HARBOR ISLANDS

Zip

33154

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA/DADE

5. Date Organized or Qualified
To Do Business in Florida

11/12/99

6. FEI Number

65-0960435

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

BRIAN LEVY

800004725108-9

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

291 BAL BAY DR.

-12/13/01--01071--002

****150.00 ****150.00

Suite, Apt. #, Etc.

307

City

BAL HARBOR

State

FL

Zip Code

33154

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]
REGISTERED AGENT MUST SIGN

Date 11/22/01

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
<u>PRES.</u>	<u>BRIAN M. LEVY</u>	<u>291 BAL BAY DR #307 (BAL HARBOR 33154)</u>	<u>BAL HARBOR, FL 33154</u>

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*****5.00 *****5.00

REINSTATEMENT

OT BUS

dec

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 11/22/01

Daytime Phone # 305-861-0722

Typed or printed name of signing Managing Member/Manager

BRIAN M. LEVY