APPROVED
AND
FILED

01 APR 20 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 REINSTATEMENT

REINSTATEMENT 2000-2001

DOCUMENT # L 99000009246

1. Entity Name
SPORTSTOWN USA, LLC

Principal Place of Business — Mailing Address
3125 U.S. One South, Suite A
St. Augustine, Fl 32086

2. Principal Place of Business		3. Mailing Address	
3125 U.S. One South		P.O. Box 618	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.	
City & State St. Augustine, Fl		City & State St. Augustine, Fl	
Zip 32086	Country USA	Zip 32085	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number NA — Applied For / Not Applicable

5. Certificate of Status Desired XX — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
Charles A. Pacetti
P.O. Box 618
St. Augustine, Fl 32085

7. Name and Address of New Registered Agent
Name Charles A. Pacetti
Street Address (P.O. Box Number is Not Acceptable) 3125 U.S. One South, Suite A
City St. Augustine FL Zip Code 32086

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.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles A. Pacetti MGRM P.O. Box 618 St. Augustine, Fl 32085	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700004076927--8 -04/25/01--01045--020 ****205.00 ****205.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4-23-01	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Apr 19 01 15:29 P.02 Fax:8508916011