

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 FEB 12 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000004467

1. Limited Liability Company's Name

SPORTS CONSTRUCTION GROUP, LLC

900168430229
02/10/10--01028--026 ***937.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

10303 BRECKSVILLE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

10303 BRECKSVILLE ROAD

Suite, Apt. #, etc.

City & State

BRECKSVILLE OHIO

Zip

44141

Country

U.S.A.

City & State

BRECKSVILLE OHIO

Zip

44141

Country

U.S.A.

4. State/Country of Formation

OHIO U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

10/18/04

6. FEI Number

51-0997629

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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]

G.H.S. Apollo, Asst. Secretary

Date 2/8/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title

Name of
Managing Member/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MGR PAUL FRANKS

10303 BRECKSVILLE ROAD

BRECKSVILLE, OH 44141

REINSTATEMENT 05-10

11. E-mail Address KKDST@SCGFIELDSS.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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 2/8/10

Daytime Phone # 440-546-1200

Typed or printed name of signing Managing Member/Manager

PAUL FRANKS