

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000000641

1. Limited Liability Company's Name

AGILITY SPORTS, LLC

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

4940 CASCADE RD., S.E.

Suite, Apt. #, etc.

SUITE 210

City & State

GRAND RAPIDS, MI

Zip

49546

Country

KENT

3. Mailing Office Address

4940 CASCADE RD., S.E.

Suite, Apt. #, etc.

SUITE 210

City & State

GRAND RAPIDS, MI

Zip

49546

Country

KENT

4. State/Country of Formation

MI/USA

5. Date Organized or Qualified

To Do Business in Florida **01/27/2006**

6. FEI Number

20-3911961

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

CHRIS BEAUCHAMP

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

735 PRIMERA BLVD SUITE 155

Suite, Apt. #, Etc.

C/O SUNCORP SUNSCREEN LLC

City

LAKE MARY

State

FL

Zip Code

32746

☐ 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

Date **09/30/09**

REGISTERED AGENT MUST SIGN

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
mgrma	SCOTT MISSAD	4940 CASCADE RD SE, SUITE 210	GRAND RAPIDS, MI 49546
mgrm	SUNCORP SUNSCREEN, LLC	735 PRIMERA BLVD, SUITE 155	LAKE MARY, FL 32746
mgrm	AGILITY GROUP, LLC	4940 CASCADE RD SE., SUITE 210	GRAND RAPIDS, MI 49546

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

Date **09/30/09**

Daytime Phone # **616-957-1581**

Typed or printed name of signing Managing Member/Manager **SCOTT MISSAD**

FILED

2009 OCT 19 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400161334374
10/05/09--01054--016 **238.75

CR2E041 (10/08)