PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 JUL -1 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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07/01/14--01023--001 **377.50

CR2E041 (1/14)

DOCUMENT # M12000002485

1. Limited Liability Company's Name
The Aspire Sport Marketing Group, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1720 Peachtree St. NW	1720 Peachtree St NW
Suite, Apt. #, etc.: 1062	Suite, Apt. #, etc.: 1062
City & State: Atlanta, GA	City & State: Atlanta, GA
Zip: 30309 Country: USA	Zip: 30309 Country: USA

4. State/Country of Formation: Georgia

5. Date Organized or Qualified To Do Business in Florida: 05/01/2012

6. FEI Number: 30-0652850 ☐ 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: Brian Treiser, Wally Sanger Ticket Office
Street Address (P.O. Box Number is Not Acceptable): 777 Glades Rd.
Suite, Apt. #, Etc.: Building 67-B
City: Boca Raton State: FL Zip Code: 33431

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 6/12/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Valerie Wilkinson	1720 Peachtree St NW Suite 1062	Atlanta, GA 30309

JUL - 2 2014
L. SELLERS

REINSTATEMENT 2013-2014

11. E-mail Address: valerie.wilkinson@theaspiregroupinc.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Valerie Wilkinson Date: 6-13-14 Daytime Phone #: (404) 389-9100

Typed or printed name of signing Authorized Representative/Manager: Valerie Wilkinson