

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 17 AM 10:31

DOCUMENT # **M95000000218**

1. Limited Liability Company's Name

SATELLITE ARCHERY INDUSTRIES, L.L.C. LIMITED COMPANY

600003060836--2
-12/06/99--01001--010
***150.00 ***150.00

2. Principal Office Address

312 S.E. 17th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL 33316

Zip

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

7/18/1995

6. FEI Number

16 1472254

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Add'l Filing Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Charles L. Palmer

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

312 S. E. 17th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

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 **11/ /99**

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
MGRM	Golden Eagle/Satellite Archery, L.L.C.	1111 Corporate Drive	Farmington, NY 14424
MGRM	Charles L. Palmer	312 S.E. 17th Street	Fort Lauderdale, FL 33316

REINSTATEMENT 1999

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 **11/ /99** Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Charles L. Palmer