

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED
01 FEB 12 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000888

1. Limited Liability Company's Name
ORBIT SPORTS MARKETING, LLC

REINSTATEMENT

2000-
2001

2. Principal Office Address 3460 Fairlane Farms Road Suite, Apt. #, etc. Suite 10 City & State Wellington, Florida Zip 33414		3. Mailing Office Address 3460 Fairlane Farms Road Suite, Apt. #, etc. Suite 10 City & State Wellington, Florida Zip 33414	
Country Palm Beach		Country Palm Beach	

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida December 29, 1997	
6. FEI Number 650802753	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>Not Applicable</small>	

8. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

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-02/13/01--01060-019
****208.75 ****208.75

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*Connie Bryan*

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date 2/12/01

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	John Lehmann	3460 Fairlane Farms Road, Suite 10	Wellington, Florida 33414

JLB
2-12-01

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 608.408, 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 it made under oath.

Signature of
Managing Member/Manager

Date 2-9-01

Daytime Phone # 561-333-7790

Typed or printed name of signing Managing Member/Manager John Lehmann, Manager/Member