

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 FEB -7 AM 10:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002136**

1. Corporation Name
PROFESSIONAL SPORTS PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
5830 MAIN STREET BUFFALO NY 14221	5830 MAIN STREET BUFFALO NY 14221



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/25/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number CHANGED TO 06-1309165-00-1309458	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	XXXXXXXXXX THOM HERING	355 LEXINGTON AVE.	NEW YORK NY 10017
V.	WICKS, JAMES	5830 MAIN ST.	WILLIAMSVILLE NY 14221
D	BARRINGTON, JOHN	XXXXXXXXXX 355 LEXINGTON AVE	TORONTO, ONTARIO CANADA NEW YORK NY 10017
REINSTATEMENT 01-02 100004916231--5 -02/13/02--01083--009 ***150.00 ***150.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STEELE, MICHAEL 5007 E. MOCKINGBIRD LANE STE. 600 DALLAS FL 32789		Name Nathan Yodep Street Address (P.O. Box Number is Not Acceptable) 4971 107th St Suite, Apt. #, Etc. City SARASOTA State FL	
		Date 11/26/01	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **[Signature]** **SIGNATURES REQUIRED** Date **11/26/01**
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

James K. Wicks **JAMES WICKS**
SIGNATURE: SIGNATURE REQUIRED Date **12/3/01** Daytime Phone # **2126971460**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)