

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

**CORPORATION
REINSTATEMENT**



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

02 JAN 14 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N00000007841*

1. Corporation Name

TAMPA YOUTH SPORTS TRAINING, INC

700004798897--0
-01/25/02--01088--004
****236.25 ****236.25

2. Principal Office Address

803 Turtle River Ct

Suite, Apt. #, etc.

3. Mailing Office Address

803 Turtle River Ct

Suite, Apt. #, etc.

REINSTATEMENT *2001*

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33567

Country

Zip

33567

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-22-2000

5. FEI Number

59-3696336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTHONY J. PARRINO

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

9887 FOURTH ST. N

Suite, Apt. #, Etc.

200

City

ST. PETERSBURG, FL

State

FL

Zip Code

33702

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Anthony J. Parrino

Date

1-10-02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>D</i>	<i>Freddie Solomon</i>	<i>803 Turtle River Ct</i>	<i>Plant City, FL 33567</i>
<i>D</i>	<i>Anthony Parrino</i>	<i>9887 Fourth St. N. #200</i>	<i>St. Petersburg, FL 33702</i>
<i>D</i>	<i>Henry Saavedra</i>	<i>4201 N. Dale Mabry Hwy</i>	<i>Tampa, FL 33607</i>

10. 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.

SIGNATURE:

Freddie Solomon

FREDDIE SOLOMON *12-14-01*

(813) 737-2857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)