


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 JUN 25 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # P99000060979

1. Corporation Name
SEA, SUN+SPORTS INC.

2. Principal Office Address <u>1001 North Federal Highway</u> Suite, Apt. #, etc. <u>Suite 205</u> City & State <u>Hallandale FL</u> Zip <u>33009</u> Country <u>USA</u>		3. Mailing Office Address <u>P.O. Box 454423</u> Suite, Apt. #, etc. City & State <u>Miami FL</u> Zip <u>33245-4423</u> Country <u>USA</u>	
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REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 07/08/1999

5. FEI Number 65-0932888 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name LEDUC REJEAN 600004472058

Street Address (P.O. Box Number is Not Acceptable) 1001 North Federal Highway -07/13/01-01012-010

Suite, Apt. #, Etc. Suite 205 ****900.00 ****00.00

City Hallandale State FL Zip Code 33009

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 [Signature] Date 06/21/01

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
<u>P</u>	<u>RIBOT Christophe</u>	<u>2323 SW. 14th Av</u>	<u>Miami FL, 33145</u>

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: [Signature] Date 06/21/01 Daytime Phone # 305-987-5618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25091 (2/00)