

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN -7 PM 4:25

DOCUMENT # P99000057062

1. Corporation Name

POLICANCHA SPORTS INTERNATIONAL CORP.

2. Principal Office Address

6909 NW 46 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

USA

3. Mailing Office Address

6909 NW 46 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

June 23 / 1999

5. FEI Number

65-0933292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

400004782364--2

-01/17/02--01064--017

\*\*\*\*158.75 \*\*\*\*158.75

7. Name and Address of Current Registered Agent

Name

ALFREDO W. RODRIGUEZ

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

6909 NW 46 ST

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33166

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

*Alfredo W. Rodriguez*

REGISTERED AGENT MUST SIGN

Date 1/4/02

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
C	ALFREDO RODRIGUEZ	905 BRICKELL BAY DR. #826 MIAMI, FL 33131	MIAMI, FL 33131
D	JO ANN RODRIGUEZ	905 BRICKELL BAY DR. #826	MIAMI, FL 33131
P	KENNETH MATHISON	108 GABLES BVD.	WESTON, FL 33326

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:

*Kenneth Mathison*

Kenneth Mathison

1/4/02

305-5823177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)



SPORTS INTERNATIONAL CORP.

January 4, 2002

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, FL 32314  
Ref: Corporation Reinstatement

The purpose of this letter is explain that, our company Policancha Sports International Corp. FEIN # 65-0933292, never received by mail the 2,001 "UNIFORM BUSINESS REPORT" form, and because of that reason, we never pay de \$150 annual fee to keep the company active. However, we call to the Division of corporation in Tallahassee to report this situation and they gave us the guaranty that if we issue this explanation letter, sending the check to pay the fee, they will reestablish de active status of our corporation.

We need to mention that we have been having this same mailing problems with several important mail, and we already made a complain with the local mail services provider in order to have a quick solution.

Our mailing address is:

Policancha Sports International Corp.  
6909 NW 46 St.  
Miami, FL 33166

Attach you will receive a check for \$158.75

We are looking forward to have a positive answer form you, and please accept an apologize for the problems this situation may cause.

Sincerely yours,

Kenneth J. Mathison  
President