

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY 17 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **MONTGOMERY SPORTS MANAGEMENT, INC.**

8 32692

100005678691--5
-05/05/02--01002--002
****750.00 ****750.00

REINSTATEMENT 01-02

2. Principal Office Address

1190 Abbeville Ct.

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

33937

Country

US

3. Mailing Office Address

1190 Abbeville Ct.

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

33937

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

1974

5. FEI Number

59-1389602

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

John D. Montgomery

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

1190 Abbeville Ct.

Suite, Apt. #, Etc.

Marco Island,

City

Marco Island

State
FL

Zip Code
33937

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

John D. Montgomery
REGISTERED AGENT MUST SIGN

Date

5-15-02

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
CEO	John D. Montgomery	1190 Abbeville Ct.	Marco Island, FL 33937
PD	John D. Montgomery, Jr.	1361 NE 48th Ct.	Ft. Lauderdale, FL 33334
DS	Scott S. Montgomery	11770 US Highway #1 Suite 100	N. Palm Beach, FL 33408
DT	Robert K. Riley	11770 US Highway #1 Suite 100	N. Palm Beach, FL 33408

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:

John D. Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-02

Date

561.227.0502

Daytime Phone #

CR2E081 (9/01)