

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1994

5. FEI Number CHANGED TO

06-1309165-00-1309450

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	THOM HERING THOM HERING	355 LEXINGTON AVE.	NEW YORK NY 10017
V.	WICKS, JAMES	5830 MAIN ST.	WILLIAMSVILLE NY 14221
D	BARRINGTON, JOHN	400 LEXINGTON ST., EAST 355 LEXINGTON AVE	TORONTO, ONTARIO CANADA NEW YORK NY 10017

REINSTATEMENT

01-02
100004916231--5
-02/13/02--01083--009
***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEELE, MICHAEL 5907 E. MOCKINGBIRD LANE STE. 600 DALLAS TX 75238	Name Nathan Yodep Street Address (P.O. Box Number is Not Acceptable) 4971 10th St Suite, Apt. #, Etc. City SARASOTA State FL	100004916231--5 -02/13/02--01083--010 ***150.00 ***150.00 34232
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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

REGISTERED AGENT MUST SIGN

Date

11/26/01
1/2/01

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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES WICKS

12/3/01 2126971460
Date Daytime Phone #