

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN 29 PM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99 00000 4245

1. Corporation Name

SPORTS RESEARCH INC

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

6650 W. INDIANTOWN ROAD

Suite, Apt. #, etc.

SUITE 220

City & State

JUPITER, FL

Zip

33458

Country

USA

3. Mailing Office Address

6650 W. INDIANTOWN RD

Suite, Apt. #, etc.

SUITE 220

City & State

JUPITER, FL

Zip

33458

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/16/1999

5. FEI Number

22 2856116

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

KEITH STOREY

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

6650 W. INDIANTOWN ROAD

Suite, Apt. #, Etc.

SUITE 220

City

JUPITER

State

FL

Zip Code

33458

700256157287
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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

REGISTERED AGENT MUST SIGN

Date 1/28/14

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
P	STEPHEN PROCTOR	THE COURTYARD, WISLEY	SURREY, ENGLAND
V	KEITH STOREY	4140 SW LAUREL OAK	PALM CITY, FL 34990
S	WILLIAM LAWLISS	29 WEST SHORE RD	CAPOD ISLE, VT 05458

JAN 29 2014

10. E-mail Address: keith.storey@sportsmarketing-surveysusa.com C. CARROTHERS
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

KEITH STOREY

KEITH STOREY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/14

Date

561 427 0647

Daytime Phone #