PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **ARPLICATION** Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT VISION OF CORPORATIONS G3389 DOCUMENŤ # 98 JUL 10 AH 8: 14 1. Corporation Name LACERS SPORT, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7575 NW 82 STREET MEDLEY, FL 33166 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable APRIL 1983 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 592295019 City & State City & State \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers and/or Directors

Name of Officers and/or Directors

(Difficer and/or Director)

(Do NOT Use Post Office Box Numbers)

A ****183.75 PEMBROKE PINES, FL 33027 PRES CLAUDIO PETASNE 1031 SW 156 AVE. No. Minnis Bench Fr 33160 V.PRES ROBERT PETASNE 3249 NE 169 ST 20907 LECWARD OF # 257 No. Minu Beach FZ 33180 SECT. EDUARDO PETASNE V. PRES LEON PETASNE 2041 NE 211 th ST No HIAM, Beach FE 33179 8. Name and Address of Current Registered Agent 9. Name and Address of New Rec CLAUDIO PETASNE 1031 SW 156 AVE. Street Address (P.O. Box Number is Not Acceptable) PEMBIZOKE PINES, FL 33027 Suite, Apt. #, Etc. City State Zip Code ent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered Date 6-30-98 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Yes 🔯 No L on intangible tax.) Intangible Personal Property tax due June 30. 12. 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 flames of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated signature shall have the same legal effect as if made under oath. on this application is true and accurate, and pro-6-30-98 <u>305-863-7800</u>
Date Date X.20 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Division of Lacers Sport, Inc.

7575 N.W. 82nd Street Miami, Florida 33166 Phone (305) 863-7300 1-800-351-8262 Fax (305) 863-7488 www.diportusa.com

July 7th, 1998

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Document # G33892

Gentlemen:

First of all, I want to thank you for your prompt reply to our request for our application for 1998 Annual Report. Enclosed, please find our check # 003235 in the amount of \$183.75, this check represents \$175.00 filing fee plus \$8.75 for Certificate of Status. As I informed you on my previous telephone conversation the first notice was never received, either got lost in the mail or was never mailed to us. We kindly ask you to waive the late charges penalties.

I thank you in advance for your cooperation and prompt attention to this request.

Sincerely,

ulia E. Salas Accounts Payable Coordinator

JES/me