

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 1:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G33892**

1. Corporation Name

LACERS SPORT, INC.

Principal Place of Business

4400 N.W. 135TH STREET
OPA-LOCKA FL 33054

Mailing Address

4400 N.W. 135TH STREET
OPA-LOCKA FL 33054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1983

5. FEI Number

59-2295019

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
DP	PETASNE, LEON	4400 NW 135 STREET	OPA LOCKA FL 33054
DS P	PETASNE, CLAUDIO	4400 NW 135 STREET	OPA LOCKA FL 33054
V	PETASNE, ROBERT	4400 NW 135 STREET	OPA LOCKA FL 33054
V	PETASNE, EDUARDO	4400 NW 135 STREET	OPA LOCKA FL 33054

100024499311
11/07/03--01009--011 **750.00

8. Name and Address of Current Registered Agent

CHASE, ALAN R
9400 S. DADELAND BLVD.
SUITE 600
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/3/03

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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03 305-685-0130

Date

Daytime Phone #

CR2E040 (7/03)