

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H46847

1. Corporation Name

CALLICO SPORTS, INC.

Principal Place of Business

**68 S. IVANHOE BLVD.
ORLANDO, FL 32804**

Mailing Address

**P.O. BOX 540221
ORLANDO, FL 32854-0221**

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

REINSTATEMENT

FILED
98 SEP 10 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97-98
ad

5. FEI Number

59-2928128

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	DAVID A. POLLOCK	3206 HARRISON AVE ORLANDO, FL 32804	ORLANDO, FL 32804
D/V.P.	DENNIS CONE	770 GREENS AVE WINTER PARK, FL 32789	WINTER PARK, FL 32789

700002637547-0
09/11/98-01080-004
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LINTON, CAMERON H.
110 SCOTTSDALE AVE
WINTER PARK, FL 32789**

Name

DAVID A. POLLOCK

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

68 S. IVANHOE BLVD.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32804

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

David A. Pollock
REGISTERED AGENT MUST SIGN

Date

8/13/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

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 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:

David A. Pollock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. POLLOCK

8/13/98
Date

(407) 841-9322
Daytime Phone #

CP2E040 (1-98)