PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUL 27 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J23221

1. Corporation Name

FLORIDA SPORTS PARK, INC.

Principal Place of Business	Mailing Address
4750 ISLE OF CAPRI RD NAPLES FL ~~33961~~ US	BOX 990010 NAPLES FL ~~33999-0000~~ US

REINSTATEMENT 9-98

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 34113 / Country	Zip 34116 / Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/09/1986

5. FEI Number: 65-0186594 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VP	~~JIM HAIRE~~ John Lamblin	~~4205 11TH AVE. S.W.~~ 201 Palmetto Dunes	NAPLES FL 34113
~~P~~	~~CARGRTON, RICK~~ Bert Ashley	~~3827 ARNOLD AVE~~ 6100 Trail Blvd	NAPLES FL 34104
P	~~JUDY KELLER~~ James Colotta	~~3820 TAMIAMI TRAIL N.~~ 1000 40TH Terr SW	NAPLES FL 34116
~~S T~~	~~PATRICIA PAVLICH~~ Thomas Cannon	~~515 HARBOUR DRIVE~~ 5089 E. Tamiami Tr	~~NAPLES FL 33940~~ 34113
~~T~~ VP	CONNOLLY, TOM	995 SECOND AVE N	NAPLES FL 34104
			100002607291--11 -08/04798--01083--0064 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

GENE VACCARO
4750 ISLES OF CAPRI ROAD
NAPLES FL 33961

9. Name and Address of New Registered Agent

Name: Thomas Cannon
Street Address (P.O. Box Number Is Not Acceptable): 5089 E. Tamiami Tr
Suite, Apt. #, Etc.:
City: Naples | State: FL | Zip Code: 34113

CR2E040 (8/97)

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 7-21-98

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: _____ 7-21-98 941-774-3712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #