

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 JUN 26 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J94188

1. Corporation Name

SPORT-STYLE ASSOCIATES, INC.

Principal Place of Business

GRAND NATIONAL PLAZA, SUITE 102
7021 GRAND NATIONAL DRIVE
ORLANDO FL 32819

Mailing Address

GRAND NATIONAL PLAZA, SUITE 102
7021 GRAND NATIONAL DRIVE
ORLANDO FL 32819



REINSTATEMENT

97-98

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

09/28/1987

5. FEI Number

11-2391731

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
DPS	MIRANDA, JOSEPH P., JR.	7021 GRAND NATIONAL DR.	ORLANDO FL
T	MIRANDA, JOSEPH P., JR.	7021 GRAND NATIONAL DR.	ORLANDO FL
			5000002576065--8 -06/30/98--01046--001 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

WILSON, GREGORY M.
29 EAST PINE STREET
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name JOSEPH P. MIRANDA
Street Address (P.O. Box Number is Not Acceptable) 7021 GRAND NAT'L DR STE. 102
Suite, Apt. #, Etc. 102
City ORLANDO State FL Zip Code 32819

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

Joseph P. Miranda
REGISTERED AGENT MUST SIGN

Date

6/18/98

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:

Joseph P. Miranda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/98 (not)
352-2737
Daytime Phone #