

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 10 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K69702

1. Corporation Name

Sports Magic Team Inc

REINSTATEMENT 01-02-03

2. Principal Office Address

807 S Orlando Ave

Suite, Apt. #, etc.

Suite N

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

700021465157

07/10/03--01063--017 **1058.75

4. Date Incorporated or Qualified
To Do Business in Florida

2/23/89

5. FEI Number

592934004

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tim Glancey

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

330 Elizabeth St

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Tim Glancey

REGISTERED AGENT MUST SIGN

Date

July 9, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Tim Glancey	330 Elizabeth St	Key West Fla 33040

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 9, 03 407 489 6778

Daytime Phone #

CR2E081 (10/02)