

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV 29 PM 2:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **K90823**

1. Corporation Name
SPORTS SHINKO (FLORIDA REALTY), INC.

| | |
|---|---|
| Principal Place of Business 3200 STATE RD 546 HAINES CITY FL 33844-6720 | Mailing Address 3200 STATE RD 546 HAINES CITY FL 33844-6720 |
|---|---|



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 | | 4. Date Incorporated or Qualified To Do Business in Florida 05/25/1989 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-2050112 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 (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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | |
|--------------|-----------------------------------|--|-------------------------|
| 1 | 2 | 3 | 4 |
| DP | KINOSHITA, TOSHIO | #4-12 MANZAI-CHO | OSAKA, JAPAN |
| DV | KINOSHITA, TAKESHI | #4-12 MANZAI-CHO | OSAKA, JAPAN |
| DST | FUKUDA, TSUGIO | #4-12 MANZAI-CHO | OSAKA, JAPAN |
| V | AUBRYN, DOMINIQUE J | 2200 S.R. 546 | GRENELEFE FL |
| V | KARST, MANDY | 2200 S.R. 546 | GRENELEFE FL |
| V | LEEDKE, DOUG | 3200 S.R. 546 | GRENELEFE, FL |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | |
|--|---|--------------------|
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | Name | |
| | REINSTATEMENT 96 (Not Applicable) | |
| | Suite, Apt. #, Etc. | |
| | City | State FL |

10. I, being appointed the registered agent of the corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Vicky Goldstein
VICKY GOLDSTEIN
 SPECIAL ASSISTANT SECRETARY Date **10/12/99**
 REGISTERED AGENT MUST SIGN

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)(l), 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: Doug Leedke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Doug Leedke, Vice President
 Date **10/12/99**
 Daytime Phone #

CR20240 (8/99)