

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

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

05/25/1989

5. FEI Number

59-2050112

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 A 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	2230 S.R. 546	GRENELEFE FL
V	KARST, MANDY	2230 S.R. 546	GRENELEFE FL
V	LEEDKE, DOUG	3200 S.R. 546	GRENELEFE, FL

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

REINSTATEMENT

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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)(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:

Doug Leedke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Doug Leedke, Vice President

10/12/99

Date

Daytime Phone #