

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 PM 2:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000030935

Name and Mailing Address

0005528 01 AT 0.292 **AUTO T2 2 0615 33073-331339



NATIONAL FOUNDATION OF PROFESSIONAL ATHLETES, LLC
4839 NW 55TH DRIVE
COCONUT CREEK FL 33073-3313



12/3 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4839 NW 55TH DRIVE COCONUT CREEK FL 33073		5. Date Organized or Qualified To Do Business in Florida 11/18/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 56-2339136	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent APPLEBY, HOMER P 3245 SAINT JAMES DRIVE BOCA RATON FL 33434		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200023985902 10/21/03-01139-011-FL **150.00 City	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **REGISTERED AGENT MUST SIGN** Date *November 17, 2003*

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SIMMONS, JARROD	4839 NW 55TH DRIVE	COCONUT CREEK FL 33073
MGRM	DAVIS, JOE	11481 NW 41ST STREET	CORAL SPRINGS FL 33085
MGRM	Simmons, Larry	4839 NW 55TH Drive	Coconut Creek, FL 33073

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date *10-16-03* Daytime Phone # *(954) 608-6610*

Typed or printed name of signing Managing Member/Manager