

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 MAY 19 PM 4:04

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # L03000011000

1. Corporation Name

Florida Sports News Network, LLC

2. Principal Office Address - No P.O. Box #

3445 NE 12th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

3445 NE 12th Terrace

Suite, Apt. #, etc.

City & State

Oakland Park, FL

City & State

Oakland Park, FL

Zip

33334

Country

USA

Zip

33334

Country

USA

900207846009

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CR2E081 (11/10)

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/30/2003

5. FEI Number

562336251

☐ 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

Larry Calufetti

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

3445 NE 12th Terrace

Suite, Apt. #, Etc.

City

Oakland Park

State

FL

Zip Code

33334

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

REGISTERED AGENT MUST SIGN

Date

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
MGRM	Larry Calufetti	3445 NE 12th Terrace	Oakland Park, FL 33334
MGRM	Buddy Pressley	3445 NE 12th Terrace	Oakland Park, FL 33334

REINSTATEMENT

10/11
dix

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/2011

Date

954 712-0894

Daytime Phone #