

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L59506

1. Corporation Name

SOUTH FLORIDA SPORTS COMMITTEE, INC.

2. Principal Office Address

7041 N.W. 40TH COURT

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33301

Country

USA

3. Mailing Office Address

7041 N.W. 40TH COURT

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33301

Country

USA

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

03/19/1990

5. FEI Number

59-3008038

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

200025552232
12/17/03--01017--012 **1658.75

97-2003

7. Name and Address of Current Registered Agent

Name

ALAN B. COHN

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

2021 TYLER STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Date 11/19/2003

REGISTERED AGENT MUST SIGN

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
PD	BRIAN PENICK	7041 N.W. 40TH COURT	CORAL SPRINGS, FL 33065
STD	TOM LAUDENTHAL	1901 SW 52 AVENUE	PLANTATION, FL 33317

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

Brian Penick, President

11/19/2003 954-325-5171

Date

Daytime Phone #

CR2E081 (10/02)