

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 AM 10:10

DOCUMENT # L59506

1. Entity Name
SOUTH FLORIDA SPORTS COMMITTEE, INC.



Principal Place of Business
7041 N.W. 40TH COURT
CORAL SPRINGS, FL 33301 US

Mailing Address
7041 N.W. 40TH COURT
CORAL SPRINGS, FL 33301 US

REINSTATEMENT 05-06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number
59-3008038

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHN, ALAN B
2021 TYLER ST
HOLLYWOOD, FL 33020

Name COHN, ALAN B.

Street Address (P.O. Box Number is Not Acceptable)
100 West Cypress Creek Road, Suite 700
Suite 700

City Fort Lauderdale FL Zip Code 33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 17, 2006

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PENICK, BRIAN
STREET ADDRESS 7041 N.W. 40TH COURT
CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700069644347
CITY-ST-ZIP 04/06/06--01051--012 ***900.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #