

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L77801

1. Corporation Name

HAROLD SPORTS, INC.

Principal Place of Business

Mailing Address

~~8505 MILLS DR., SUITE H-141~~
MIAMI FL 33183

~~8505 MILLS DR., SUITE H-141~~
MIAMI FL 33183

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1455 NW 107 Ave #550

City & State
Miami, FL

Zip
33172

Country

Suite, Apt. #, etc.

1455 NW 107 Ave #550

City & State
Miami, FL

Zip
33172

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1990

5. FEI Number

65-0190554

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WELLMAN, REGINALD	6940 NW 186 ST #410 8931 NW 193rd Street	MIAMI FL 33018
ST	WELLMAN, ALMA	6940 NW 186TH STREET #410 8931 NW 193rd Street	MIAMI FL 33018

300003473123--9
-11/21/00--01090--025
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WELLMAN, REGINALD

~~8505 MILLS DR., #H-141~~
~~MIAMI FL 33183~~

Name

Wellman, Reginald

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

1455 NW 107 Ave

Suite, Apt. #, Etc.

#550

City

Miami

State

FL

Zip Code

33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/31/00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00 (305)639-2826
Date Daytime Phone #