

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 15 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001038

1. Corporation Name

MULTI-SPORT TRAINING CLUB, INC.

100166324151
01/15/10--01036--003 **358.75
CR2E081 (11/09)

REINSTATEMENT

07-09

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

18055 US HWY 441

Suite, Apt. #, etc.

3. Mailing Office Address

18055 US HWY 441

Suite, Apt. #, etc.

City & State

Mount Dora, FL

Zip

32757

Country

USA

City & State

MOUNT DORA, FL

Zip

32757

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida 02/12/2001

5. FEI Number

90-0005868

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

ROBERT L. PORTER

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

1203 MARSHALL COURT

Suite, Apt. #, Etc.

City

EUSTIS

State

FL

Zip Code

32726

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Robert L. Porter

REGISTERED AGENT MUST SIGN

Date 01/07/10

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
P	Dave Viney	102 Melody Lane	Leesburg FL 34788
VP	Kenneth E. LaRoe	22449 Lake Seneca Rd	Eustis FL 32736
S	Rose Marie Scott	38346 Deerwoods Dr.	Eustis FL 32736
T	Dean Nicholson	1541 Van Buren Way	The Villages FL 32162

10. E-mail Address: Ken@FirstGreenBank.com

(To be used for future annual report notification)

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. 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.

SIGNATURE:

RL Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/07/10

Daytime Phone #