

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 2:01

DOCUMENT # **N01000006602**

1. Corporation Name

ATHLETES AND ACADEMICS, INC.

Principal Place of Business

Mailing Address

**2829 PEMBROKE ROAD
HOLLYWOOD FL 33020**

**2829 PEMBROKE ROAD
HOLLYWOOD FL 33020**

REINSTATEMENT 2002



700009094847

11/20/02--01014--022 **245.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STEVENS, PATRICIA S	730 NORTH RAINBOW DR	HOLLYWOOD FL 33021
VD	TUCKER, GLENDON R	705 NW 5TH STREET	HALLANDALE FL 33009
SD	ALLEN, MARY A	565 WEST DAYTON CIRCLE	FT LAUDERDALE FL 33311

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**STEVENS, PATRICIA S
730 NORTH RAINBOW DRIVE
HOLLYWOOD FL 33021**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Patricia Stevens

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Nov. 16, 2002

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.

SIGNATURE:

Patricia Stevens

SIGNATURE REQUIRED
Patricia Stevens-President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov. 16, 2002 (954) 232-8798

Daytime Phone #