

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR -6 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND4000006567

1. Corporation Name

Athletic Academy, Inc.

REINSTATEMENT

05-07
sf

CR2E081 (1/07)

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

1440 SW 106 Ter.

Suite, Apt. #, etc.

3. Mailing Office Address

1440 SW 106 Ter.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip
33324

Country
USA

Zip
33324

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

July, 6 2004

5. FEI Number

68-0588573

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

Marisa Harriott

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

1440 SW 106 Ter.

Suite, Apt. #, Etc.

City
Davie

State
FL

Zip Code
33324

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

Marisa B. Harriott

REGISTERED AGENT MUST SIGN

Date 2/2/07

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	Roger Harriott	1440 SW 106 Terrace	Davie, FL 33324
T	Marisa Harriott	1440 SW 106 Terrace	Davie, FL 33324
S	Emanuel Hunter	5440 NW 94th Terrace	Sunrise, FL 33351
V	Laurel Crowle	16532 NW 9th Court	Pembroke Pines, FL 33028
			500101397105
			05/03/07--01029--026 **183.75

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 contained in Chapter 119, 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:

Marisa B. Harriott

Marisa B. Harriott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07

Date

954-336-0255

Daytime Phone #