

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 17 PM 4:34

DOCUMENT # N07000002281

1. Corporation Name

RIGHT TRACK ATHLETICS, INC.

600187883016
11/17/10--01027--015 **78.75

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

441 NORTHWEST 2ND

Suite, Apt. #, etc.

AVENUE

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

UNITED STATES

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/07

5. FEI Number

20-8567867

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **Acert**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHANNYELLE COOPER

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

441 NORTHWEST 2ND AVENUE

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

07/21/10 01027 002 297.50

REINSTATEMENT

08-10 B 11/17/10

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

Shannyelle S. Cooper
REGISTERED AGENT MUST SIGN

Date 10/26/10

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/CEO	EVAN COOPER SR.	441 NW 2 ND AVE.	DEERFIELD BEACH, FL 33441
VP/T	SHANNYELLE COOPER	441 NW 2 ND AVE.	DEERFIELD BEACH, FL 33441
COO	EVAN COOPER JR.	8903 SW 128 TH STREET	MIAMI, FL 33176

10. E-mail Address: EVCOOP21@YAHOO.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:

Shannyelle S. Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/10 954
798-415

Date

Daytime Phone #