

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 DEC 13 2017

DOCUMENT # N13000003928

1. Corporation Name

The IMG Academy Student - Athlete Foundation, Inc.

400306689544

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

5500 34th Street West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34210

Country

USA

3. Mailing Office Address

5500 34th Street West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34210

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2013

5. FEI Number

46-2716874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Benjamin Hanan

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

240 South Pineapple Avenue

Suite, Apt. #, Etc.

10th Floor

City

Sarasota

State

FL

Zip Code

34236

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

REGISTERED AGENT MUST SIGN

Date 12/13/2017

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
Pres.	Tony Zanoni	509 65th St. Ct. NW	Bradenton, FL 34209
VP	Ben Hanan	240 South Pineapple Avenue, 10th FL	Sarasota, FL 34236
Sec.	Atticus Deprosopo	7 Spruce Hill Lane	Goshen, NY 10924

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

T MOORE

DEC 14 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 954527 7722591

AUTHORIZATION :



COST LIMIT : \$ 236.25

ORDER DATE : December 13, 2017

ORDER TIME : 2:29 PM

ORDER NO. : 954527-005

CUSTOMER NO: 7722591

DOMESTIC FILINGS

NAME: THE IMG ACADEMY STUDENT-
ATHLETE FOUNDATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

EXAMINER'S INITIALS _____

2017 DEC 13 AM 4:33
RECEIVED