

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Dept of State

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 30 AM 11:45

**DOCUMENT # N15999**

1. Corporation Name

America Sevens Foundation, Inc

2. Principal Office Address

4760 Alton Road

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

4760 Alton Road

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

USA

700073765057  
05/03/06--01001--008 \*\*420.00

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. EEL Number

59-2690094

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  
William Smatt

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

4760 Alton Road

Suite, Apt. #, Etc.

City

Miami Beach,

State

FL

Zip Code

33140

**REINSTATEMENT**

03/06

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

*William Smatt*

REGISTERED AGENT MUST SIGN

Date 03/27/06

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,S,T,D	William Smatt	4760 Alton Road	Miami Beach, FL 33140

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:

*William Smatt*

William Smatt

03/27/06

305-531-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Williams MAR 30 2006