

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000002797**
1. Corporation Name **CMD SPORTS, INC.**

FILED
08 AUG -8 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT05-08

CR2E081 (12/07)

8/11

2. Principal Office Address - No P.O. Box # 2250 N.W. 137th AVE.		3. Mailing Office Address 2250 N.W. 137th AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNRISE, FL		City & State SUNRISE, FL	
Zip 33323	Country USA	Zip 33323	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/16/1996	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 650672624	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name MAURICE DUBUC		
Street Address (P.O. Box Number is Not Acceptable) 2250 N.W. 137th AVE.		
Suite, Apt. #, Etc.		
City SUNRISE	State FL	Zip Code 33323

☒ 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

MAURICE DUBUC
REGISTERED AGENT MUST SIGN

Date **8/5/08**

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
DP	MAURICE DUBUC	2250 N.W. 137 th AVE.	SUNRISE, FL 33323
D	LENNY BOGUSLAW	11548 N.W. 43 RD TERR.	MIAMI, FL 33178
D	DOUG MCCONNELL	18424 N.W. 9 TH STR.	PEMBROKE PINES, FL 33029

300134141043
08/08/08--01040--007 **245.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE DUBUC

Date

8/5/08

Daytime Phone #

954-290-7855