

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005341

1. Corporation Name

A Sporting Chance, Inc.

2. Principal Office Address

7800 SW 133 Street

Suite, Apt. #, etc.

City & State

Pinecrest, FL

Zip
33156

Country

U.S.A.

3. Mailing Office Address

7800 SW 133 Street

Suite, Apt. #, etc.

City & State

Pinecrest, FL

Zip
33156

Country

U.S.A.

REINSTATEMENT

01-04

02/02/04--01032--018 **253.75

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 19, 1997

5. FEI Number

05-0785119

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

Richard Alan Stein

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

7800 SW 133 Street

Suite, Apt. #, Etc.

City

Pinecrest,

State
FL

Zip Code

33156

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

Richard Alan Stein

REGISTERED AGENT MUST SIGN

Date 1/22/2004

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	Richard A. Stein	7800 SW 133 Street	Pinecrest, FL 33156
VP	Lorraine S. Stein	7800 SW 133 Street	Pinecrest, FL 33156
T	Lennye B. Stein	9087 SW 129 Lane	Miami, FL 33176
S	Steve Wilson	11305 SW 114 Circle Terrace	Miami, FL 33176
Legal counsel	Larry Zieper	2517 Poinciana Drive	Weston, FL 33327
M	Michael Stein	14740 SW 94 Ct	Miami, FL 33158

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 under section 119.07(3)(i), 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:

Richard Alan Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2004

Date

305-232-3336

Daytime Phone #

CR2E081 (10/02)