

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000482

1. Corporation Name
SLC SPORTSPLEX, INC.

FILED
01 JAN -4 AM 10:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
~~368 NE Camelot Dr.~~
~~1237 SW ADDIE ST.~~
PORT ST. LUCIE FL 34983

Mailing Address
~~368 NE Camelot Dr.~~
~~1237 SW ADDIE ST.~~
PORT ST. LUCIE FL 34983



REINSTATEMENT *(2001)*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 368 NE Camelot Dr.		Suite, Apt. #, etc. 368 NE Camelot Dr.		01/26/1998	
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		5. FEI Number 65-0814821	
Zip 34983		Country USA		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4
DT	ALMADE, FRED	1237 SW ADDIE ST.	200003533542-9 -01/11/01-01096-025 ***236.25 ***236.25
D	CASBAR, LUCAS S With Robert	4788 SE LORRAINE ST. 1311 SE Remington Ct	PORT ST. LUCIE FL 34952
DV	HOLZER, DONALD Picchierini, John	2065 SE WILD MEADOW CIRCLE 701 N. Indian River Dr.	PORT ST. LUCIE FL 34952 Fort Pierce, FL 34950
DP	JENNINGS, LARRY	368 NE CAMELOT DR.	PORT ST. LUCIE FL 34983
DS	MCDONALD, JUDITH Levesque, Rachel	302 NE SURFCIDE AVE. 526 SW College Park Rd.	PORT ST. LUCIE FL 34983 34953

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALMADE, FRED 1237 SW ADDIE ST. PORT ST. LUCIE FL 34983		Name Larry W. Jennings Street Address (P.O. Box Number is Not Acceptable) 368 NE Camelot Dr. Suite, Apt. #, Etc. City Port St. Lucie State FL Zip Code 34983	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Larry W. Jennings* Date 11/15/00
REGISTERED AGENT MUST SIGN

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 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: *Larry W. Jennings* 11/15/00 561-223-4280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

CR2ED40 (8/00)