PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	·					FILED	
_	RPORATION STATEMENT			RTMENT OF STA ry of State corporations	03 A	PR 24 AM 8: 3 CRETAHY OF STA LAHASSEE FLORI	
DOCL	JMENT # P	0000003300	/		TĂLI	LAHASSEE, HLORI	IUA
1. Corpora		0000003300	,		ŀ		
	Ropa Sport	s, Inc.					
				·			
MO DE MO				Monterey Commons Blvd.		STATEM	ENT 12-03
Monterey Commons Blwd Suite, Apt. #, etc.			Suite, Apt. #, etc.				Commitment of the Commitment o
Suite 200			Suite 200			orated or Qualified ness in Florida 203	/20:/2000
City & State ···			City & State		5. FEI Numbe		/30/2000 Applied For
	rt, FL		Stuart,		65-1004		Not Applicable
Zip 349	96-3346	USA	zip 34995 – 3346	Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status
<u> </u>			7. Name and	Address of Current Re	gistered Agent		
	Name John T. Carmody, Jr.						
	Street Address (P.O. Box Number is Not Acceptable)						
`	800 SE Monterey Commons Boulevard Suite, Apt. #. Etc.						
	Suite 200						
_	Stuar	rt			,	State 7 in Code FL 34996-31	346
8. I, being	appointed the registere	ed agent of the abov	e named corporation, and	familiar with and accept	the obligations of section	on 607.0505 or 617.0503,	F.S.
Signature of Registered		(6)	·	/		Date Command	3, 2w7
	Agent	RE	GISTERED AGENT	T SIGN		Date Company	3, ~~~
9. Names	and Street Addresses	of Each Officer and	or Director (Florida nonpr	ofit corporations must li	st at least 3 directors)		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip	
P/D	Thomas J. Carmody		800	SE Monterey	Commons Blv	d. Stuart,	FL 34996-3346
VP/D	John-TCa	armody, Jr	-7000	SE Winged	Foot Drive	Stuart, FL	34997
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					04/24	703 ² 1057-0	[] ***900.00
					<u> </u>		
this rei	nstatement application,	, the reason for diss	plution has been eliminate	d, the corporate name s	atisfies the requirements	Apter 607 or 617, F.S. I furt s of section 607.0401 or 61 fer section 119.07(3)(i), F.S	ther certify that when filing 17.0401, F.S., that all fees S. The information indicated
	application is true and	accurate, and my si	gnature shall have the sar				_
SIGNA	TURE:	. /a	NTED NAME OF SIGNAGO	- UP	app	23203 2	72- 255-/550 Daytime Phone #

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