

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000054726

1. Corporation Name

SPORTING IDEAS, INC.

FILED

02 OCT 28 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

625 SAGAMORE STREET
LAKELAND FL 33803

Mailing Address

~~625 SAGAMORE STREET~~
LAKELAND FL 33803

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

05/30/2000

Suite, Apt. #, etc.

625 SAGAMORE STREET

Suite, Apt. #, etc.

625 SAGAMORE STREET

City & State

City & State

5. FEI Number

59-3655740

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 City / State / Zip
D	LEE, W JAMES	625 SANGAMORE ST - SAGAMORE STREET	LAKELAND FL 33803
D	LEE, RICHARD B	625 SANGAMORE ST 3929 Old Hwy 37 #29	LAKELAND FL 33803 33813

1000008625981
10/28/02--01084--015 **750.00

8. Name and Address of Current Registered Agent

LEE, W JAMES
625 SANGAMORE ST
LAKELAND FL 33803

9. Name and Address of New Registered Agent

Name

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

625 SAGAMORE STREET

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

803/686-2113

Ext 4237

CR2E040 (8/02)