

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 26 PM 2:01

DOCUMENT # **P00000114123**

1. Corporation Name  
**CARR SPORTS ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
 3602 NW 46TH PL                      3602 NW 46TH PL  
 GAINESVILLE FL 32605              GAINESVILLE FL 32605



REINSTATEMENT 01

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.		Suite, Apt. #, etc.		12/08/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3689300	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 City / State / Zip
D	CARR, WILLIAM C III	3602 NW 46TH PL	GAINESVILLE FL 32605
D	CARR, JANICE J	3602 NW 46TH PL	GAINESVILLE FL 32605
			100004765631--8 -01/10/02--01078--022 ****758.75 ****758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LARCHE, JAMES G JR 3426 NW 43RD ST, SUITE B GAINESVILLE FL 32606		Name LARCHE, JAMES G. JR. Street Address (P.O. Box Number is Not Acceptable) 4041 N.W 37th Place, Suite B Suite, Apt. #, Etc. SUITE B City GAINESVILLE	
376-5242 378-9326 fax		State FL      Zip Code 32606	

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: *[Signature]*      Date: 12/21/01

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: *William C Carr*      12/21/01      352 375-7115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E040 (8/01)