

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

3602 NW 46TH PL
 GAINESVILLE FL 32605

Mailing Address

3602 NW 46TH PL
 GAINESVILLE FL 32605

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



REINSTATEMENT 01

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

LARCHE, JAMES G JR
 3426 NW 43RD ST, SUITE B
 GAINESVILLE FL 32606

376-5242
 378-9326 fax

9. Name and Address of New Registered Agent

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		State	Zip Code
GAINESVILLE		FL	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

REGISTERED AGENT MUST SIGN

Date

12/21/01

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/01

Date

352 375-7115

Daytime Phone #

CR2E040 (8/01)