

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
--	--



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 <b>12/08/2000</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3689300</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 **GAINESVILLE** 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

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)(l), 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)