

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 18 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000118036

1. Corporation Name

GOOD SPORTS DAYTONA, INC.

700025068247
11/26/03--01029--033 **8.75
700025068247
11/26/03--01029--032 **750.00

2. Principal Office Address

801 Main St.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32118

Country

USA

3. Mailing Office Address

801 Main St.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32118

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/01/2001

5. FEI Number

06-1607514

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey P. Brock

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

444 Seabreeze Blvd

Suite, Apt. #, Etc.

900

City

Daytona Beach

State

FL

Zip Code

32118

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/13/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Jerome J. Berkowitz	349 Progress Dr.	Manchester, CT 06040

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEROME BERKOWITZ President 11/14/03 860-559-6161

CR2E081 (10/02)

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