

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000010730

1. Entity Name
PRO SPORTS PLUS, INC.



FILED

06 MAY 12 AM 8:38

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1070 PALM COAST PKWY. NW
PALM COAST, FL 32137

Mailing Address
1070 PALM COAST PKWY. NW
PALM COAST, FL 32137

2. Principal Place of Business

3. Mailing Address
1070 Palm Coast PKWY NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3

City & State

City & State

Palm Coast, FL 32137

Zip

Country

Zip

Country

32137

4. FEI Number
59-3693872

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, DONALD W ESQ
25-B FLORIDA PARK DR. N.
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name
Charles Ankrom Jr.
Street Address (P.O. Box Number is Not Acceptable)

56 BULLOCK LN

City Palm Coast

FL

Zip Code
32137

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-10-06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ANKROM, CHARLES BOVA JR
STREET ADDRESS 1070 PALM COAST PKWY. NW
CITY-ST-ZIP PALM COAST, FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ANKROM, WENDI B
STREET ADDRESS 1070 PALM COAST PKWY. NW
CITY-ST-ZIP PALM COAST, FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-10-06

MAY 18 2006