

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000017055**

1. Corporation Name

**PRO PLAYERS ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

~~16837 STANZA COURT~~  
TAMPA FL 33624

~~16837 STANZA COURT~~  
TAMPA FL 33624

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~10110 FARMINGDALE PLACE~~

~~P.O. BOX 341403~~

City & State  
~~TAMPA, FL~~

City & State  
~~TAMPA, FL~~

Zip ~~33624~~ Country ~~USA~~

Zip ~~33694~~ Country ~~USA~~

**REINSTATEMENT**

02/14/2001

4. State Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-3699550**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CURRY, COREY C	<del>16837 STANZA COURT</del> 10110 FARMINGDALE PLACE	TAMPA FL 33624

400024387414  
11/03/03--01093--012 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLE, KATHY  
205 W MARTIN LUTHER KING BLVD #204  
TAMPA FL 33603

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Michael J. Johnson*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10/29/03**

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:

*Corey C. Curry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/29/03** 813-269-2177  
Date Daytime Phone #

CR2E040 (7/03)



October 29, 2003

To whom it may concern:

My name is Corey Curry and I operate my business under the name of Pro Players Enterprises. Recently, I received a notice of administrative dissolution and would like to remit my name, business name/corporation information, and annual payment, to the appropriate authorities at the Florida Department of State. Unfortunately, I am tardy with updating my information due to lack of receiving the application via a non-updated mailing address. In accordance with the reinstatement application, I have updated my address on the form and enclosed my annual payment to fulfill my obligation.

Thank You,

  
Corey Curry  
CEO  
Pro Player Enterprises