

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
~~Jim Smith~~
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -3 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029854

1. Corporation Name

SPORT LABS, INC.

Principal Place of Business

200 DIPLOMAT PARKWAY #627
HALLANDALE FL 33009

Mailing Address

200 DIPLOMAT PARKWAY #627
HALLANDALE FL 33009



800014312898
04/03/03--01025--007 **150.00

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

2. New Principal Office Address, If Applicable <u>PAUL EDELMANN</u> Suite, Apt. #, etc. <u>P.O. Box 85028</u> City & State <u>HALLANDALE BEACH, FL.</u> Zip <u>33008</u> Country <u>U.S.A.</u>		3. New Mailing Office Address, If Applicable <u>SPORT LABS INC</u> Suite, Apt. #, etc. <u>P.O. Box 85028</u> City & State <u>HALLANDALE BEACH, FL.</u> Zip <u>33008</u> Country <u>U.S.A.</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>03/22/2001</u>	
5. FEI Number <u>65-1092255</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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
PTD	EDELMAN, PAUL	200 DIPLOMAT PARKWAY #627	HALLANDALE FL 33009
USD	EGGE, NANCY M	200 DIPLOMAT PARKWAY #627	HALLANDALE FL 33009

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
EDELMANN, PAUL 200 DIPLOMAT PARKWAY #627 HALLANDALE FL 33009	Name <u>PAUL EDELMANN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1243 TYLER ST.</u> Suite, Apt. #, Etc. City <u>HALLANDALE</u> State <u>FL</u> Zip Code <u>33019</u>

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 [Signature] Date 3-8-03
REGISTERED AGENT MUST SIGN

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: [Signature] 3-8-03 954-655-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Sport Labs

P.O. Box 85028
Hallandale, Fl. 33008

Tel; 954-456-9010
Fax; 954-456-9610

3-8-03

Div. Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

Enclosed is a check for \$150.00 to reinstate the Corporation. I'm sorry for such a long delay but until the end of last week, much of my mail was given to me by an elderly women who lives in my building. This solves the mystery of not receiving all my bills which was another problem. I was lucky to finally discover this before moving. I since moved from the building and would like all mail sent to my PO box and hopefully not have more problems receiving my mail. Again, I apologize for filing so late but I had no control do to the circumstances.

Thanks for your understanding and prompt attention to this matter,

Paul Edelmenn
President

Sport Labs
P.O. Box 85028
Hallandale, Fl. 33009-8
Tel; 954-655-9010
E-mail; sportlab@bellsouth.net