

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -9 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052645

1. Corporation Name

HEADS UP SPORTS INC.

2. Principal Office Address

930 SPRING PARK ST.

Suite, Apt. #, etc.

- 11-103 -

City & State

CELEBRATION, FLA.

Zip

34747

Country

OSCEOLA

3. Mailing Office Address

930 SPRING PARK

Suite, Apt. #, etc.

- 11-103 -

City & State

CELEBRATION, FLA.

Zip

34747

Country

OSCEOLA

REINSTATEMENT 03-05
AD

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/2001

5. FEI Number

N/AE

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

DONALD J. MASTER c/o KISSMAN, WEISBERG, BARRETT ET AL

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

201 E. PALM STREET

Suite, Apt. #, Etc.

City

ORLANDO, FLORIDA

700048849237

03/20/2001

State

FL

Zip Code

32802

015 44451 .00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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
	<u>RICHARD DENNIS</u>	<u>930 SPRING PARK ST</u> <u>11-103</u>	<u>CELEBRATION, FLA.</u> <u>34747</u>

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:

Richard Dennis RICHARD DENNIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

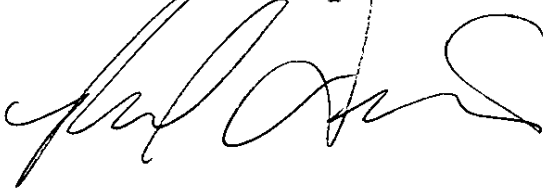
Daytime Phone #

321-959-4178

CR2E081 (01/05)

2072
Florida Dept. of State
Division of Corporations
3/6/05

This is being sent along with the reinstatement form in order to reestablish Heads Up Sports. 2 family member deaths, along with a divorce, did not allow me to focus as needed. I ask that the reinstatement fee be waived since an annual report was never received for 2003, 2004, and 2005. I spoke with a rep. that instructed me to mail in a check for \$450.00 in order to make things correct. I appreciate your assistance in this, and if anything else is needed, please let me know.



Richard Dennis
President
Heads Up Sports
930 Spring Park Street
11-103
Celebration, FL 34747
321-939-4179