


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

05 FEB -4 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059445

1. Corporation Name
Sports Gallery International, Inc

2. Principal Office Address
14864 SW 39 Ct

Suite, Apt. #, etc.

City & State
Miramar

Zip
33027

Country
Broward

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1118215

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
Fitzroy Hines

Street Address (P.O. Box Number is Not Acceptable)
14864 SW 39 Court

Suite, Apt. #, Etc.

City
Miramar FL 3

State
FL

Zip Code
33027

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 **02-01-05**

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
DP	Fitzroy Hines	14864 SW 39 Ct	Miramar FL 33027
DU	Vonnie McGowan	1430 SW 87 Terr	Pembroke Pines FL 33025
DST	Sharon Thomas	14864 SW 39 Ct	Miramar FL 33027
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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 #

02-01-05 984-568-3094

CR2E081 (01/05)

To Whom It May Concern:

I Fitzroy Hines hereby states that I did not receive a notice to renew my corporation and is requesting that the fee of \$600.00 be waived.

Sincerely,

~~Fitzroy Hines~~