

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

04 MAY 26 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 201000061124 and

1. Corporation Name  
NO OFFSEASON SPORTS ENTERTAINMENT Incorporated

~~100400000189915~~

2. Principal Office Address  
2015 E MAIN ST  
Suite, Apt. #, etc.  
C

3. Mailing Office Address  
POB 1047  
Suite, Apt. #, etc.

400035764084  
05/07/04--01073--025 \*\*450.00

City & State  
LAKE LAND, FLA

City & State  
LAKE LAND, FLA

4. Date Incorporated or Qualified  
To Do Business in Florida 06/01

5. FEI Number  
421537276

Applied For  
Not Applicable

Zip  
33802

Country  
POCK

Zip  
33802

Country  
POCK

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
JEROME FORTSON

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

Suite, Apt. #, Etc.

City  
LAKE LAND

State  
FL

Zip Code  
33809

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  
4/27/04

**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
PRES.	JEROME C.A. FORTSON II	211 GRANITE DR	LAKE LAND, FL. 33809

REINSTATEMENT 02-04

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.

863

SIGNATURE: Jerome C. Fortson II  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome C.A. Fortson II  
Date 4-27-04 838-6565  
Daytime Phone #

CR2E081 (01/04)

**NO OFFSEASON SPORTS & ENTERTAINMENT INC**  
**2015 E MAIN ST SUITE C**  
**P O BOX 1047**  
**LAKELAND, FL 33802**  
**863 838 6565 FAX 863 668 9861**

**May 20, 2004**

**To All Persons:**

**Please be advised that we have not received any notice of filing pertinent to No OffSeason Sports & Entertainment Inc for the years 2002, 2003, and 2004. Therefore, we request a waiver of the reinstatement fee and penalty.**

**thank you,**

**Jerome Fortson**  
**Jf/cd**