

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 17 AM 8:00

DOCUMENT # P01000070220

1. Corporation Name  
Athletic Facilities & Services, Inc.

2. Principal Office Address 1950 N.W. 40th Ct. Suite, Apt. #, etc. Ct. OK		3. Mailing Office Address 1950 N.W. 40th Ct. Suite, Apt. #, etc.	
City & State OAKLAND PARK FL.		City & State OAKLAND PARK, FL	
Zip 33309	Country U.S.A.	Zip 33309	Country U.S.A.

**REINSTATEMENT** 02-04  
MRD

4. Date Incorporated or Qualified To Do Business in Florida July 6, 2001

5. FEI Number 65-1126367  
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 John F. Fleck  
Street Address (P.O. Box Number is Not Acceptable) 1950 N.W. 40th Ct.  
Suite, Apt. #, Etc.  
City OAKLAND PARK FL. State FL Zip Code 33309

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 John F. Fleck Date 6-15-04  
REGISTERED AGENT MUST SIGN

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.	John F. Fleck	1950 N.W. 40th Ct	Oakland Park FL 33309

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06/17/04 01047 013 \*\*1050.00

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: John F. Fleck John F. Fleck 6-15-04 9:54-733-3602 593-4154  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)