

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
Suite, Apt. #, etc.

CT. 026

City & State

OAKLAND PARK FL.

Zip

33309

Country

U.S.A.

3. Mailing Office Address

1950 N.W. 40th CT
Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

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

REGISTERED AGENT MUST SIGN

Date 6-15-04

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

600038048816
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-15-04

Daytime Phone #

954-733-3602
593-4154

CR2001 (01/04)