

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Catherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000084026

1. Corporation Name  
CHARLOTTE SPORT INC.

2. Principal Office Address

6675 W 4th Ave.

Suite, Apt. #, etc.

# 111

City & State

Miami, FL

Zip

33012

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1134555c

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

LESBI MILAGROS LANZ

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

6675 N.W. 4th AVE.

Suite, Apt. #, Etc.

# 111

City

Miami

State

FL

Zip Code

33012

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

*Lesbi Milagros Lanz*

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
P/D	LESBI MILAGROS LANZ	6675 N.W. 4th Av. # 111	Miami, FL 33012

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:

*Lesbi Milagros Lanz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

**CHARLOTTE SPORT, INC.**  
**6675 W 4<sup>TH</sup> Ave, 111**  
**MIAMI, FL. 33012**  
**305-512-4626**

Miami Florida

Dec 30<sup>th</sup> 2002.

Florida Department of State  
Division of Corporation.

Re: 2002 Uniform Business Report  
Corporate #P01000084026  
TAX ID 65-1134565

Dear Sir;

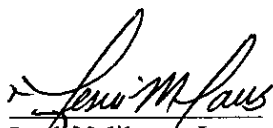
Enclosed please find 2002 and 2003 UNIFORM BUSINESS REPORT for the annual Corporate Report. enclosed is my ck. # for the amount of \$300.00, to paid the above Annual fee and certificate of status.

Please accept this payment, because we do not have any knowledge about the Existence of such fees, I will make sure that this fee in the future this will be paid on time.  
*AND NEVER RECEIVED,*

If you need any more information please do not hesitate to contact me.

Sincerely yours,

**CHARLOTTE SPORT, INC.**



Lesbi Milagro Lanz  
Vice-President