

JUL-19-2004 16:40

S D M & C LLP

212 935 4865 P.03/04

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 JUL 26 PM 2:35

DOCUMENT # 201000099548

1. Corporation Name

Brevard County Sports Management Group, Inc.

REINSTATEMENT 02-04

2. Principal Office Address

668 Spring Lake Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, Florida

City & State

Zip
32940Country
Brevard

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

October 12, 2001

5. FEI Number

59-3749120

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐SR.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Richman

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

668 Spring Lake Drive

Suite, Apt. #, Etc.

City

Melbourne

State
FLZip Code
3294070003352747
07/26/04--01045--013 ** 050.00

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

Date July , 2004

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
Dr.	Michael A. Richman	668 Spring Lake Drive	Melbourne, FL 32940

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date July , 2004

Date

Daytime Phone #

CR2004 (07/04)