

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 3:14

SECRETARY OF STATE

600009055666

11/18/02--01105--007 **758.75

DOCUMENT # P01000100850

1. Corporation Name

MVP SPORTS MANAGEMENT, INC.

Principal Place of Business

5835 SW 45 TERRACE
MIAMI FL 33145

Mailing Address

~~5835 SW 45 TERRACE~~
~~MIAMI FL 33145~~
355 ALHAMBRA
SUITE 1100
CORAL GABLES, FL 33134



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2001

5. FEI Number

043656857

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	VILLAR, ENRIQUE "HENRY" J	5835 SW 45 TERRACE	MIAMI FL 33145
VTD	FRIEDLAND, DAVID K	355 ALHAMBRA CIRCLE SUITE 1100	CORAL GABLES FL 33134

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8. Name and Address of Current Registered Agent

FRIEDLAND, DAVID K ESQ
LOTT & FRIEDLAND PA
355 ALHAMBRA CIRCLE SUITE 1100
CORAL GABLES FL 33134

→ FRIEDLAND

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

David K Friedland

REGISTERED AGENT MUST SIGN

Date

11/14/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02

Date

Daytime Phone #