

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -4 PM 12:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P01000100850

1. Corporation Name

MVP SPORTS MANAGEMENT, INC.

REINSTATEMENT 03

900024417819
11/04/03--01060--029 **758.75

2. Principal Office Address

5835 SW 45 Terrace

3. Mailing Office Address

355 Alhambra Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1100

City & State

Miami, Florida

City & State

Coral Gables, Florida

Zip

33155

Country

Zip

33134

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-17-01

5. FEI Number

043656857

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

DAVID K. FRIEDLAND

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

355 Alhambra Circle, Suite 1100

Suite, Apt. #, Etc.

City

Coral Gables

State
FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

11-3-03

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
PSD	Vilar, Enrique	5835 SW 45 Terrace	Miami, FL 33155

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)