

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 13 PM 3:48

SECRETARY OF STATE
ALLAHASSEY, FLORIDA

REINSTATEMENT

02-04

DOCUMENT # P01000114506

1. Corporation Name

US SPORTS MANAGEMENT INC.

2. Principal Office Address

280 C.R. 427

Suite, Apt. #, etc.

100

City & State

Longwood, FL.

Zip

32750

Country

USA

3. Mailing Office Address

280 C.R. 427

Suite, Apt. #, etc.

100

City & State

LONGWOOD, FL.

Zip

32750

Country

USA

800025069318

02/05/04--01029--014 **\$08.75

11-26-03 01035 015 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2001

5. FEI Number

30-002-0923

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

JAMES R. SADA

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

280 C.R. 427

Suite, Apt. #, Etc.

100

City

LONGWOOD

State
FL

Zip Code
32750

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 01/12/2004

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
P	THOMAS L. SIEGFRIED	135 Spring Isle Trail	Altamonte Springs, FL. 32714
VP	JAMES R. SADA	280 C.R. 427 #100	Longwood, FL. 32750
			800025069318

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:

James R. Sada

01/12/2004 407-448-1455

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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EXPERT CAR CARE

2 of 2

FROM:

JAMES R. SADA
280 C.R. 427 # 100
LONGWOOD, FL. 32750

RE: P01000114506

TO WHOM IT MAY CONCERN:

12/19/03

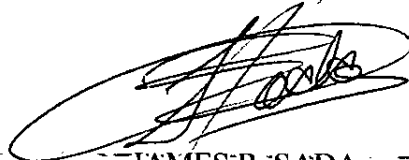
WE WERE NEVER IN RECEIPT OF ANY ORIGINAL OR SECOND NOTICE OF
UBR REPORT

WE ARE ONLY IN RECEIPT OF DISSOLUTION NOTICES.

WE DID NOT HAVE THE OPPORTUNITY TO FILE IN THE STANDARD
MANNER, AS WE NEVER RECEIVED THE APPROPRIATE FORMS VIA USPS.

YOUR ATTENTION TO THIS MATTER IS VERY WELL APPRECIATED.

THANK YOU,



JAMES R. SADA
REGISTERED AGENT