

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Feb 04, 2003 8:00 A.M
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03-UBP

DOCUMENT # P01000115551

1. Corporation Name

Miami Fury Football Management, Inc.

2. Principal Office Address

640 Ocean Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip
33139

Country
USA

3. Mailing Office Address

640 Ocean Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip
33139

Country
USA

000011794150
02/04/03--01093--013 **300.00

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

December 6, 2001

5. FEI Number

26-0037580

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

LISA Ann McAllister

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

640 Ocean Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

Lisa Ann McAllister

Date 1-20-03

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	LISA McAllister	640 Ocean Dr.	Miami Beach / FL / 33139
V	LISA McAllister	640 Ocean Dr.	Miami Beach / FL / 33139
S	LISA McAllister	640 Ocean Dr.	Miami Beach / FL / 33139
IT	LISA McAllister	640 Ocean Dr.	Miami Beach / FL / 33139

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:

Lisa McAllister

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03; 954-817-1981

Date

Daytime Phone #

2/13/03
aw

CR2E001 (10/02)

1-27-03

To whom this may concern,
Please accept my payment of \$300
for reinstatement. I received no prior
information about 2003 fees. My business
address changed and also the agent
never notified me as well.

Thank you.

LISA MEALLISTER

954-817-1981

640 Ocean Dr.

Miami Beach, FL

33139