

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 NOV - 4:50  
RECEIVED  
TALLAHASSEE

DOCUMENT # P01000122035

1. Corporation Name

TOTAL SPORT INTERNATIONAL, INC.

2. Principal Office Address

14712 KIMBERLY LN

3. Mailing Office Address

14712 KIMBERLY LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip  
33908

Country  
US

Zip  
33908

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

60-0000367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 05-06  
nbor

7. Name and Address of Current Registered Agent

Name

SOUTHWEST PROFESSIONAL SERVICES OF ~~S-FL INC~~

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

13571 MCGREGOR BLVD #22

South Florida Inc.

Suite, Apt. #, Etc.

City

FORT MYERS

State  
FL

Zip Code  
33919

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 10/24/06

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
PD	OCHOA, LEBI	14712 KIMBERLY LN	FORT MYERS FL 33908

000081556160  
11/07/06--01003--013 \*\*\*300.00

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 contained in Chapter 119, 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

10-31-06

Date

Daytime Phone #

October 31, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

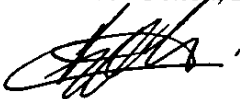
RE: Total Sport International, Inc.  
#P01000122035

Enclosed please find a check for \$300 for the annual report fees needed to active the corporation. We did not receive the annual report notices for the corporation and did not realize that the annual report fees were not filed when due.

Based on the above, please abate any penalties associated with the late filing of the annual report.

Thank you,

Lebi Ochoa, President.

A handwritten signature in black ink, appearing to read 'Lebi Ochoa', is written over the printed name.