

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 19 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P02000024952

1. Corporation Name

CAPITAL SPORTS, INC.

2. Principal Office Address

1915 Lost Spring Court

Suite, Apt. #, etc.

City & State

Longwood, Florida

Zip

32779

Country

USA

3. Mailing Office Address

125 S. Swoope Ave., #13

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32751

Country

USA

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

3/5/02

5. FEI Number

03-0478254

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 07

7. Name and Address of Current Registered Agent

Name

Stephen M. Stone

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

725 North Magnolia Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

400024856764

11/19/03--01045--013 **75.00

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 11/17/03

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
PD	Louis C. Steinmetz	1915 Lost Spring Court	Longwood, FL 32779
VSTD	Alan Levin	1915 Lost Spring Court	Longwood, FL 32779

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

Vic Preindt

11-17-03

Date

(407)644-0123

Daytime Phone #

CR2E081 (10/02)