

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 35

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000035572

1. Corporation Name

Tate's Athletics, Inc.

2. Principal Office Address

7015 Lithia Pinecrest Rd

Suite, Apt. #, etc.

City & State

Lithia FL

Zip

33547

Country

USA

3. Mailing Office Address

P.O. Box 830

Suite, Apt. #, etc.

City & State

Lithia FL

Zip

33547

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4-1-2002

5. FEI Number

36-4495309

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

Lawrence W. LaPointe

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

214 Chardonnay Pl

Suite, Apt. #, Etc.

City

Valrico

State
FL

Zip Code

33594

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/11/02

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
Pres	Lawrence LaPointe	214 Chardonnay Pl	Valrico FL 33594
VP	Kenneth E Leve rett	8601 Durant Wood St	Valrico FL 33594
Sec/Treas	James J. O'Brien	609 Rapid Falls Dr	Brandon FL 33511

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

813 681-7573

FILED

03 DEC -4 PM 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800025219068
12/04/03--01013--022 **150.00

A-1

A-1 Dependable Bookkeeping and Tax Service, Inc.
221 Pauls Drive ~ Suite D ~ Brandon, Florida 33511-3897 ~ USA
Phone 813 681-1099 ~ Fax 813 681-1090

November 10, 2003

Florida Dept of State
Division of Corporations
Post Office Box 6237
Tallahassee, FL 32314

RE: Tates Athletics, Inc.
Post Office Box 830
Lithia, FL 33547-0830
Doc # P02000035572

To whom this may concern:

Please be advised that the above referenced taxpayer did not receive his Uniform Business Report to renew his corporation for 2003. Taxpayer incorporated in 2002 and in the beginning of 2003 had his mailing address change from 7015 Lithia Pinecrest Road, Lithia, FL 33547 to a post office box of Post Office Box 830, Lithia, FL 33547-0830. Taxpayer was unaware of the due date and the filing of this form. We are asking at this time that taxpayer be able to renew his corporation at this time with the extra penalty to be abated at this time. Taxpayer is now aware of this filing and will file on time and in a timely manner in the future. Taxpayer is including a completed UBR with corrections and a check to you in the amount of \$150.00.

We thank you in advance for your help and understanding with this matter. If you require any other information concerning this matter, please feel free to contact taxpayer as soon as possible.

Sincerely yours,



RoseAnne M. Brescia
Accountant

Lawrence LaPointe
President