

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000044446

1. Corporation Name

TMN SPORTS INC

2. Principal Office Address

2902 SE Durant Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2902 SE Durant Ave

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34997

Country

USA

City & State

Stuart, FL

Zip

34997

Country

USA

REINSTATEMENT 03-04

200029071192

02/19/04--01012--017 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

4-18-02

5. FEI Number

47-0866687

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

Trevor M. Norris

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

2902 SE Durant Ave

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

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

2/5/2004

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	Trevor Norris	2902 SE Durant Ave	Stuart, FL 34997
TSVM	Renee Norris	2902 SE Durant Ave	Stuart, FL 34997

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

TREVOR NORRIS

Date

2/5/2004

Daytime Phone #

561-308-3194

CR2E081 (10/02)