

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 29 PM 1:28

DOCUMENT # **P02000045155**

1. Corporation Name

COLLEGE THROW BACK U.S.A., INCORPORATED

Principal Place of Business

Mailing Address

6757 ROSE DRIVE
MIRAMAR FL 33023

6757 ROSE DRIVE
MIRAMAR FL 33023



600024604206

12/03--01014--010 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-4501829

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	BRATTON, MELVIN	6757 ROSE DRIVE	MIRAMAR FL 33023
VS	BAIN, TOLBERT	13376 NW 8TH DRIVE	MIRAMAR FL 33028

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRATTON, MELVIN
6757 ROSE DRIVE
MIRAMAR FL 33023

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Melvin T. Bratton
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/03

11. 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:

Melvin T. Bratton
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03 (954) 646-0115

Date

Daytime Phone #

CR2E040 (7/03)

MEMORANDUM

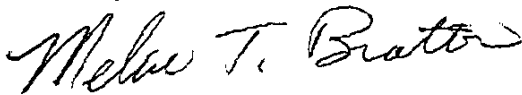
October 29, 2003

To Whom It May Concern:

The purpose of this memorandum is to inform you that College Throwback USA Inc. did not receive there 1st or 2nd annual reports. If at all possible we are asking if the \$600.00 reinstatement fee be waived. Your kind heart and consideration to this matter is greatly appreciated. (2003 Reports)

If you have any questions and/or concerns to this matter, please contact Mr. Melvin Bratton at (954) 646-0115.

Thank you,



Melvin Bratton