

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -7 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600024510496
11/07/03--01055--024 **750.00

REINSTATEMENT 03

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000081417

1. Corporation Name

SPORTS EMPIRE MARKETING, INC.

2. Principal Office Address		3. Mailing Office Address	
21000 BOCA RIO ROAD		9850 SANDALFOOT BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
8		PMB # 459	
City & State		City & State	
BOCA RATON, FL		BOCA RATON, FL	
Zip	Country	Zip	Country
33433	USA	33428	USA

4. Date Incorporated or Qualified To Do Business in Florida		07/26/2002
5. FEI Number	Applied For	
22-3866812	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDREW B. FRANKLIN

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

9850 SANDALFOOT BLVD

Suite, Apt. #, Etc.

PMB # 459

City

BOCA RATON

State

FL

Zip Code

33428

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

Andrew Franklin

Date 11/7/03

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 Officers and/or Director	City/State/Zip
P	ANDREW B. FRANKLIN	21852 MARIGOT DRIVE	BOCA RATON, FL 33428
VP	BARRY LABELL	9639 SAVONA WINDS DRIVE	DELRAY BEACH, FL 33446

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:

Andrew Franklin

11/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)