

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000093373

1. Corporation Name

Elite Sports Products Inc

REINSTATEMENT 03

2. Principal Office Address

405 S Dale Mabry Hwy

3. Mailing Office Address

405 S Dale Mabry Hwy

Suite, Apt. #, etc.

Unit 330

Suite, Apt. #, etc.

Unit 330

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8.28.03

5. FEI Number

02-0639893

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shaun Roberts

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

4221 Spruce St

Suite, Apt. #, Etc.

Apt 1408

City

Tampa

State

FL

Zip Code

33607

000023864230

10/16/03--01087--024 **150.00

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

Shaun Roberts

REGISTERED AGENT MUST SIGN

Date

10/14/03

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
P	Shaun Roberts	4221 Spruce St Apt 1408	Tampa, FL 33607

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:

Shaun Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

(813)
766-4377

CR2ED01 (10/02)

9/10/20

To Whom It May Concern,

On 10.13.03 I found that my corporation had been dissolved because of the absence of the Uniform Business Report which I had never received or had any knowledge of until now. Please accept my payment of 150.00 to reinstate my corporation and waive any penalties, which I may incur from this event.

Sincerely, Shaun Roberts
Elite Sports Products, Inc
10.14.2003

A handwritten signature in black ink, appearing to read 'Shaun Roberts', with a long horizontal flourish extending to the right.