	PLEASE REAL	D ALL INST	RUCTIO	NS BEF	ORE C	OMPLETI	NG T	HIS FORM	 .	
CORPORATION REINSTATEMENT FLORIDA DEPARTMEN Katherine Ha Secretary of S DIVISION OF CORPORATION					STATE		-3 F	M 2:22 OF STATE OF STATE EE. FLORID	A	
DOCUMENT # POZOOO 93634 1. Corporation Name							HKSSI			
Sp	ORT LEGENDS	BAR &	GRIL	L, M	د.					
2. Principa	al Office Address	3. Mailing C	Office Address		-	11/00		2 4378 1054013	790 **158.	70
4827		L 14TH ST W			117 U07	100n	1034-013 *BBZ N W	ოო:ას. ძ !	. 1.3 1	
Suite, Apt. #, etc. Suite, A			pt. #, etc.			4. Date Incorp	orated or oness in Flo	Qualified	0.3/28/0	- }
· · · · · · · · · · · · · · · · · · ·			ty & State BRADENTON FL			5. FEI Numbe		(),(),(),(),(),(),(),(),(),(),(),(),(),(Ar	oplied For
Zip 34-	207 Country	Zip 34	207	ountry USA	4	6		e negipen 🔀 😘	.75 Additiona for a Certifica	al Fee require
		7. N	lame and Addre	ss of Curre	nt Register	ed Agent				
	Name LoDGER	POLIVER	Λķ,	SE CL	IRE	BUSINES	5 500	LITIONS	LLP	1
	LODGER POLIVINAK , SECURE BUSINESS SOLUTIONS, CL) Street Address (P.O. Box Number is Not Acceptable) 4301 32ND ST W STE D3									7
	9301 32 <i>N</i> Suite, Apt. #, Etc.	<i>0</i> 57 h	√ 57£	<u>D3</u>						1 .
	City 77		-				State	Zin Code		4
	BRADENTON						FL	Zip Code 34 20	.5	
8. I, being	appointed the registered agent of the	bove named corpo	ration, am famili	ar with and a	ccept the ol	oligations of section	on 607.050			
Signature o Registered		REGISTERED AG	ENT MUST SIG	iN			Date _	10/31/0	23	
9. Names	and Street Addresses of Each Officer	and/or Director (Flo	orida nonprofit co	orporations m	ust list at le	ast 3 directors)			-	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip			
P./D.	DOROTHY - ELLIS		_8026.	EAST.	35.50	-NORTHAD	Ro	SSVILLE	IL	60693
V D	RUBEAT ELLIS		8026	ELST	3550	NORTH REP	Ro	SSVI CLE	ΣL	60693
SD	MICHAEL LEARN	3144 COULTLAND ST				SARISOTY FL 34237				
TD	MARY JO ST,	UTON	2 5	HIRE	COUR	Τ	Bu	DOMINGTON	114 6	1701
D	JULIE AMWOO	2808 GOTH AVE W # 803			BRADENTON, FL 34207					
	_		ž.							
10. I certif	y that) am an officer or director or the re	ceiver or trustee er	npowered to exe	cute this app	lication as p	rovided for in cha	pter 607 or	617, F.S. I furthe	r certify that w	hen filing
	nstatement application, the reason for c by the corporation have been paid and t									

on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.

MICHO MICHEOL D. LEARNES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Century Small Business Solutions

4301 32nd Street West, Suite D-3 Bradenton, Florida 34205 Telephone: 941.755,3332 Fax: 941.755,3334

October 31, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please waive the \$600 reinstatement penalty for SPORT LEGENDS BAR & GRILL, INC., incorporated on 8/28/2002, and with document number P02000093634 and EIN 82-0561919. The corporation was administratively dissolved on 9/19/2003, because the owner did not receive a notice for annual report, and did not file one in the first year of incorporation.

Enclosed is a check for \$158.75 broken out as follows:

Administratively dissolved in 2003

 Year
 Fee

 2003
 \$150.00

 2003 Certificate of Status
 \$ 8.75

 Total
 \$158.75

Thank you for your consideration,

Rodger Polivchak Accountant