

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 21 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000006626

1. Corporation Name

SPORT MARKETING GROUP CORP.

2. Principal Office Address

12537 NW 11TH WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33182

Country

USA

3. Mailing Office Address

12537 NW 11TH WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33182

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/16/2003

5. FEI Number

06-1675942

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

LUIS A SIMAUCHI

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

10050 SW 124TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

Date 03/16/2005

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 Officer and/or Director	City / State / Zip
PTD	LUIS A SIMAUCHI	10050 SW 124TH AVENUE	MIAMI, FL 33186
VSD	MASSIMILIANO PALMIERI	10050 SW 124TH AVENUE	MIAMI, FL 33186

100049931421
04/05/05--01082--024 **300.00

REINSTATEMENT 04-05

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:

PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/2005

Date

305-264-3863

Daytime Phone #

CR2E081 (01/05)

Miami, March 16, 2005

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: SPORT MARKETING GROUP CORP.
Doc Number P03000006626**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$300.00 to cover the following fees:

**\$ 150.00 FOR 2004 Uniform Business Report
\$ 150.00 FOR 2005 Uniform Business Report**

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2003.

Your consideration will be greatly appreciated.

Sincerely,



**LUIS A SIMAUCHI
President
12537 NW 11TH WAY
Miami, FL 33182**