

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 21 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P030000089865**

1. Corporation Name

ATTORNEYS & EXECUTIVES, INC.

2. Principal Office Address

P.O. BOX 3284

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33601

Country

HILLSBOROUGH

3. Mailing Office Address

P.O. BOX 3284

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33601

Country

HILLSBOROUGH

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

8.15.03

5. FEI Number

421602179

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

WOP

7. Name and Address of Current Registered Agent

Name

TENNIFER ISAACSEN, ESQUIRE

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

415 S. MACDILL AVENUE

Suite, Apt. #, Etc.

400054241774

05/11/05--01009--005 **300 00

City

TAMPA

State

FL

Zip Code

33609

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

REGISTERED AGENT MUST SIGN

Date **4-15-05**

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
D	ALAN ANASTOS	P.O. BOX 3284	TAMPA, FL 33601
D	SCOTT MANTHORNE	P.O. BOX 3284	TAMPA, FL 33601

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:

ALAN ANASTOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

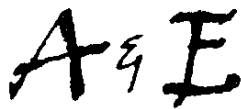
4.12.05

Date

813.849.7900

Daytime Phone #

CR2E081 (01/05)



ATHLETES & EXECUTIVES

our game is business

2052

April 14, 2005

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

To whom it may concern:

Please waive our reinstatement fee, as we did not receive correspondence(s).

Enclosed is a check in the amount of \$300 for our 2004 and 2005 Annual Report filing fees.

It's my understanding that, after you receive this, I will be able to update our company information online at the sunbiz.org website. In the interim, please be advised of these two new mailing addresses...

Athletes & Executives, Inc.
P.O. Box 3284
Tampa, FL 33601

Our Registered Agent:
Jennifer Isaksen, Esq.
Isaksen Law Firm
415 S. MacDill Avenue
Tampa, FL 33609

Thank you. Should you need to discuss anything with me, please feel free to call.

Sincerely,

Alan Anastos
President
Athletes & Executives, Inc