


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 FEB -9 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000006891	
1. Entity Name SPORTING EVENTS OF AMERICA, INC.	

Principal Place of Business 2310 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33062	Mailing Address 2310 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33062
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2. Principal Place of Business 429 N. Federal Highway	3. Mailing Address 429 N. Federal Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33062	Country USA
Zip 33062	Country

6. Name and Address of Current Registered Agent PARK, SHICK 2310 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33062	
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01192006 REIN-P CR2E098 (11/05)

4. FEI Number 20-0586205	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

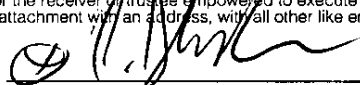
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 429 N. Federal Highway	
City Pompano Beach	Zip Code 33062

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARK, SHICK 2310 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	429 N Federal Highway Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 05-06
T. Roberts FEB 11 2006
200066134732
02/17/06--01037--007 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	1/18/06 954.803.0479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #