

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL -9 PM 2:25

STATE
ALLAHABEE, FLORIDA

DOCUMENT # P05000092666

1. Corporation Name

INTERNATIONAL SPORTS MANAGEMENT, INC.

REINSTATEMENT 06-022. Principal Office Address - No P.O. Box #
4000 Towerside Terrace3. Mailing Office Address
15 East Deer Park Dr.Suite, Apt. #, etc.
Apt. # 1403Suite, Apt. #, etc.
Suite 201City & State
Miami Shores, FLCity & State
Gaithersburg, MDZip Country
33145 USAZip Country
20877 USA4. Date Incorporated or Qualified
To Do Business in Florida 11/15/20065. FEI Number
20-3172617Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, P.A.Street Address (P.O. Box Number is Not Acceptable)
1840 SW 22nd St.Suite, Apt. #, Etc.
4th FloorCity
Miami, FLState Zip Code
FL 33145☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

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
President	Alaiksei Puchkov	15 East Deer Park Dr. Suite 201 Gaithersburg	MD, 20877

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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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #