

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 27 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000078162

1. Corporation Name

Sports Dimensions, Inc.

2. Principal Office Address - No P.O. Box #

1123 N Toledo Blade Blvd

3. Mailing Office Address

Gracie Station

Suite, Apt. #, etc.

173

Suite, Apt. #, etc.

PO Box 85

City & State

North Port, FL

City & State

New York, NY

Zip

34288

Country

USA

Zip

10028-0047

Country

USA

300147717003
03/27/09--01003--020 **600.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/2006

5. FEI Number
02-0778130

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

Christian Genitrini

Street Address (P.O. Box Number is Not Acceptable)
1123 N Toledo Blade Blvd

Suite, Apt. #, Etc.

173

City

North Port

State

FL

Zip Code

34288

☒ 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

REGISTERED AGENT MUST SIGN

Date 03/23/2009

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	Christian Genitrini	510 E. 84th Street, #3C	New York, NY 10028
D	Rob Roma	356 Rhapsody Lane	Boiling Springs, SC 29316
D	Marc Hubbard	356 Rhapsody Lane	Boiling Springs, SC 29316

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:

Christian Genitrini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/2009

Date

646-216-1500

Daytime Phone #