

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 13 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15729

1. Corporation Name

SPORTS SHINKO UTILITY, INC.

2. Principal Office Address

3200 STATE ROAD 546

Suite, Apt. #, etc.

City & State

GRENELEFEN, FL

Zip

33844-9720

Country

US

3. Mailing Office Address

5601 WINDHOVER DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32819

Country

US

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

08/27/1987

5. FEI Number

510302822

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Brian Courtney
Asst. V. Pres.

Date

1-13-03

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
DPS	DAVID A. SIEGEL	5601 WINDHOVER DRIVE	ORLANDO, FL 32819
T	THOMAS F. DUGAN	5601 WINDHOVER DRIVE	ORLANDO, FL 32819

REINSTATEMENT

02-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Siegel, President

1/10/03

Date

407/351-3351

Daytime Phone #

CR2E081 (9/01)



2002

ACCOUNT NO. : 072100000032

REFERENCE : 889987 5011958

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 900.00

ORDER DATE : January 13, 2003

ORDER TIME : 11:12 AM

ORDER NO. : 889987-005

CUSTOMER NO: 5011958

CUSTOMER: Robert B. Jackson, Esq
Greenspoon Marder Hirschfeld
135 West Central Blvd Ste 1100
South Trust Bank Building
Orlando, FL 32801

RECEIVED
03 JAN 13 AM 11:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: SPORTS SHINKO UTILITY, INC.

file 1st

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS

[Signature]