

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 FEB 12 PM 12:07

DOCUMENT # P18000060777

1. Corporation Name

CPF Athletics, Inc

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

12105 28th Street N

Suite, Apt. #, etc

Suite C

City & State

St. Petersburg, FL

Zip

33716

Country

U.S.A.

3. Mailing Office Address

12105 28th Street N

Suite, Apt. #, etc

Suite C

City & State

St. Petersburg, FL

Zip

33716

Country

U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2018

5. FEI Number

83-1183524

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

Christopher Snedeker

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

12105 28th Street N

Suite, Apt. #, Etc

Suite C

City

St. Petersburg

State

FL

Zip Code

33716

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

Christopher Snedeker

Date

2/9/21

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
CEO	Christopher Snedeker	964 Valley View Circle	Palm Harbor, FL 34684
COO	Joseph Wakey	7601 S Mascotte Street	Tampa, FL 33616

REINSTATEMENT

FEB 12 2021

2.0000

10. E-mail Address: PTKSMF@ICLOUD.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Christopher Snedeker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/9/21

Daytime Phone #

813 321 6382