PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # 99200000 P276 98 MAY 15 AM 9: 11 ATLANTIC COAST SPORTS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2828 CORAL WAY #103 MIAMI, FL 33145 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. FEI Number Applied For 45= 0374791 City & State City & State \$8.75 Additional For require for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 548 ALCAZAR AVENUB PRES HARRY VOW SUSKIL CORAL GABLES, FL 33134 002528332---4 -05/19/98--01017--010 ****900.00 ****900.00 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 8180 NW 365T #100 M.A, 7L 33166 10. I, being appointed the reginered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🔽 Intangible Personal Property fax due June 30. No L 12. 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 filling 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. SLIS HARRY VON SUSKIL - PRESIDENT 4-30-98 (355)529-9173
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date