

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

99 MAY 26 PM 1:04

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000005350**

1. Corporation Name
SPORTS DATA, INC.

REINSTATEMENT 93-09

Principal Place of Business 1551 NE 167 ST. NORTH MIAMI BCH FL 33162 APT 107	Mailing Address 1551 NE 167 ST. NORTH MIAMI BCH FL 33162 APT 107
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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		4. Date Incorporated or Qualified To Do Business in Florida DECEMBER 22, 1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0388310	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRESIDENT	R. S. WESTON	1551 NE 167 ST. APT 107	NORTH MIAMI BCH FL 33162
SEC. TREAS.	F. A. WESTON	1551 NE 167 ST APT 107	NORTH MIAMI BCH FL 33162

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name R. S. WESTON	
		Street Address (P.O. Box Number is Not Acceptable) 1551 NE 167 ST.	
		Suite, Apt. #, Etc. APT. 107	
		City No. Miami BCH	
		State	Zip Code
		FL	33162

10. I, being appointed the registered 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

Date **05/25/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

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 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)(j), 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 **05/25/99** 308-947-5112
Daytime Phone #

CPRE081 (12/98)