

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000026196**

1. Corporation Name

GOAL POST DISTRIBUTING, INC.

Principal Place of Business

Mailing Address

13040-9 W HILLSBOROUGH AVE
TAMPA FL 33635
US

13040-9 W HILLSBOROUGH AVE
TAMPA FL 33635
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1993

5. FEI Number

58-3177191

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P	UNDERKELN, KEVIN M Vander Kelen	13040-9 W HILLSBOROUGH	TAMPA FL

REINSTATEMENT

96

DC 10-22-96
Verified delin
Vander Kelen
name on
10-22-96.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Vander Kelen
KELEN, KEVIN M VANDER
13040-9 W HILLSBOROUGH AVE
TAMPA FL 33635

Name
Street Address (P.O. Box Number is Not Acceptable)
900002000149--2
Suite, Apt. #, Etc.
-11/08/96-01031--001
236.25 236.25
City
FL Zip Code

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

[Signature]
NOTARIZATION REQUIRED
REGISTERED AGENT MUST SIGN

900002000149--2
Date 11/08/96-01031--002
236.25 236.25

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN M VANDER Kelen

Date

Daytime Phone #

7/25/96 813-854-3094