

APPLICATION
FOR
REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031903

1. Corporation Name

Sport City Enterprises, Inc.
4560 Tamiami Trail
Port Charlotte, FL 33980

Principal Place of Business

4560 Tamiami Trail
Port Charlotte, FL
33980

Mailing Address

4560 Tamiami Trail
Port Charlotte, FL 33980

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 2:45

4. Date Incorporated or Qualified To Do Business in Florida 4/29/93

5. FEI Number 65-0405542 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Add to state 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Abe Al Arnasi (o)	4560 Tamiami Trail	Port Charlotte, FL 33980

800003033548-5
-11/03/99--01036--003
****750.00 ****750.00

8/10/29

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Abe Al Arnasi
Street Address (P.O. Box Number is Not Acceptable)
4560 Tamiami Trail
Suite, Apt. #, Etc.
City
Port Charlotte State
FL Zip Code
33980

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]* REGISTERED AGENT MUST SIGN

Date 10-21-99

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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10-21-99
Date Daytime Phone #

CRCEEF:112-989