

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 DEC 31 AM 10:37

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000040468**

1. Corporation Name

**ATHLETIC ADDICT CORPORATION**

Principal Place of Business

Mailing Address

1574 WASHINGTON AVE  
 MIAMI BCH FL 33139  
 US

1574 WASHINGTON AVENUE  
 SUITE 1523  
 MIAMI BEACH FL 33139  
 US

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



**REINSTATEMENT**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/08/1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0424213	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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)

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
D	HARRIS, LAYNE	<del>3001 E 86TH STREET, SUITE 1523</del>	<del>MIAMI 33137</del>
D	SAMUEL SHABABO	1574 WASHINGTON AVE.	MIAMI BCH FL

500002735815--4  
 -01/11/99--01005--024  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<del>HARRIS, LAYNE</del> SAMUEL SHABABO 1574 WASHINGTON AVENUE MIAMI BEACH FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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 REQUIRED** Date: \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 REQUIRED** Date: **12-30-98** Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR22040 (9/98)