PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 20 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032346**

1. Corporation Name

THE FABULOUS SPORTS BABE, INC.

Principal Place of Business	Mailing Address
~~C/O MANUEL A. CUADRADO~~ ~~200 S. BISCAYNE BLVD., #800~~ ~~MIAMI FL 33131~~	~~C/O MANUEL A. CUADRADO~~ ~~200 S. BISCAYNE BLVD., #800~~ ~~MIAMI FL 33131~~

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6860 Gulf Port Blvd. South	c/o Nanci Donnellan 6860 Gulf Port Blvd. South
Suite, Apt. #, etc. Suite 133	Suite, Apt. #, etc. Suite 133
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip: 33707-2108 Country: USA	Zip: 33707-2108 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/28/1994

5. FEI Number: 65-0484928 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~PSTD~~	~~DONNELLAN, NANCI~~	~~200 S. BISCAYNE BLVD., #800~~	~~MIAMI FL 33131~~
~~AS~~	~~CUADRADO, MANUEL A~~	~~200 S. BISCAYNE BLVD., #800~~	~~MIAMI FL 33131~~
PSTD	DONNELLAN, Nanci	6860 Gulf Port Blvd. South Suite 133	St. Petersburg, FL 33707-2108
			300003082483--0 -12/29/99--01009--005 ******8.75 ******8.75
			300003082483--0 -12/29/99--01009--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CUADRADO, MANUEL A
C/O MANUEL A. CUADRADO
200 S. BISCAYNE BLVD., #800
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: Philip H. Shore
Street Address (P.O. Box Number is Not Acceptable): 19195 Mystic Pointe Drive
Suite, Apt. #, Etc: Suite 608
City: Aventura State: FL Zip Code: 33180

CR2E040 (8/99)

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: Philip H. Shore — REGISTERED AGENT MUST SIGN — Date: 12/7/99

11. 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: Nanci Donnellan — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NANCI DONNELLAN

12/7/99 — Date

727-327-5683 — Daytime Phone #