

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 MAR 17 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062903

1. Corporation Name

DENIS POTVIN'S OTTAWA SPORTS CONNECTION, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

108 S.E. 8<sup>th</sup> AVENUE

Suite, Apt. #, etc.

110

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

3. New Mailing Office Address, If Applicable

P.O. BOX 495

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33302

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/25/94

5. FEI Number

65-0517395

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D.P	DENIS POTVIN	108 S.E. 8 <sup>th</sup> AVE, SUITE 110	FT. LAUDERDALE, FL 33301 CANADA
DV	BRENT TOEVS	575 WEST HUNT CLUB	NEPEAN, ON K2G 5W5
DT	STEVE HOROWITZ	241 NW 36 <sup>th</sup> AVE	DEERFIELD BEACH, FL 33442
			BUILDING 211 6248--4 -03/18/97--01075--003 ***1088.75 ***1088.75
			3/17/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

LAWRENCE L. DAVIS

Street Address (P.O. Box Number is Not Acceptable)

108 S.E. 8<sup>th</sup> AVENUE

Suite, Apt. #, Etc.

110

City

FT. LAUDERDALE

State

FL

Zip Code

33301

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

3/14/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENIS POTVIN, PRESIDENT

Date

Daytime Phone #

CR2E040 (12/96)