

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT 27 PM 6:39

DOCUMENT # **P94000077369**

1. Corporation Name  
**SUNSET SPORT CORP.**

Principal Place of Business C/O S. KRAFT PA 10101-C W. SAMPLE RD. CORAL SPRINGS FL 33065	Mailing Address C/O S. KRAFT PA 10101-C W. SAMPLE RD. CORAL SPRINGS FL 33065
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**REINSTATEMENT 89**

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	4. Date incorporated or Qualified To Do Business in Florida <b>10/19/1994</b>
Suite, Apt. #, etc. <b>101 DuVal ST Key West, FL</b>	Suite, Apt. #, etc.	5. FEI Number <b>65-0529377</b>
City & State	City & State	Applied For Not Applicable
Zip <b>33040</b>	Country <b>USA</b>	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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSD	SHOEFF, NISSIM BEN	% 10101-C W. SAMPLE RD.	CORAL SPRINGS FL 33065
V	HAMUY, NEIL	% 10101-C W. SAMPLE RD.	CORAL SPRINGS FL 33065

688883036088-7  
 -11/05/99--01044--009  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent SHOEFF, NISSIM BEN C/O S. KRAFT PA 10101-C W. SAMPLE RD. CORAL SPRINGS FL 33065	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
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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: **SHOEFF, NISSIM BEN** Date: **10/25/99**  
 REGISTERED AGENT MUST SIGN

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: **SHOEFF, NISSIM BEN** Date: **10/25/99** Daytime Phone # **AD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/99)