

# P9500036979

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

20000101 141015102  
05/01/00 01070-001  
\*\*\*\*\*80.75 \*\*\*\*\*80.75

SUBJECT: Finish Line Products Co., Inc  
(Proposed corporate name - must include suffix)

FILED  
MAY -8 PM 1:21  
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Daniel Sinkoff  
Name (printed or typed)

5884 Stirling Road  
Address

Hollywood, FL 33021  
City, State & Zip

305-964-6400  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

BROWN MAY 10 1995

## ARTICLES OF INCORPORATION

FILED  
BMY-8 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

Finish Line Products Co., Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5884 Stirling Road  
Hollywood, FL 33021

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Daniel Sinkoff  
5884 Stirling Road  
Hollywood, FL 33021

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Daniel Sinkoff  
5884 Stirling Road  
Hollywood, FL 33021

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of April, 19 95.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Finish Line Products Co., Inc.

2. The name and address of the registered agent and office is:

Daniel Sinkoff  
(NAME)  
5884 Stirling Road  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
Hollywood, FL 33021  
(CITY/STATE/ZIP)

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MAY -8 PM 1:21  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

April 28, 1995  
(DATE)

**DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000036979**

1. Corporation Name

**FINISH LINE PRODUCTS CO., INC.**

Principal Place of Business

**5884 STIRLING ROAD  
HOLLYWOOD FL 33021**

Mailing Address

**5884 STIRLING ROAD  
HOLLYWOOD FL 33021**

FILED

96 OCT 14 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** *96*

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

2. New Principal Office Address, If Applicable

**5900 Stirling Road**

Suite, Apt. #, etc.

City & State

**Hollywood, Fl.  
33021 USA**

3. New Mailing Office Address, If Applicable

**5900 Stirling Road**

Suite, Apt. #, etc.

City & State

**Hollywood, Fl.  
33021 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/08/1995**

5. FCI Number

**65-0595242**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.T.	Daniel Sinkoff	10864 NW 9 Court	Plantation, Fl. 33324
S	Alisa Sinkoff	10864 NW 9 Court	Plantation, Fl. 33324
			700001980737--2 -10/21/96--01007--020 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

**SINKOFF, DANIEL  
5884 STIRLING ROAD  
HOLLYWOOD FL 33021**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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]*  
**Daniel Sinkoff**

Date **9/17/96**

REGISTERED AGENT MUST SIGN

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

**Daniel Sinkoff President/Treasurer**

**9/17/96 (954) 964-6400**  
Date Daytime Phone #