

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 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091924

1. Corporation Name

FLORIDA SPORTS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

200 PERUVIAN AVE  
PALM BEACH FL 33480  
US

200 PERUVIAN AVE  
PALM BEACH FL 33480  
US

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

12/04/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1858 NOD HILL Rd.

1858 NOD HILL Rd.

City & State

City & State

Plantation FL

Plantation FL

Zip 33322

Country USA

Zip 33322

Country USA

5. FEL Number

65-0635477

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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	FREY, BRUCE J	2734 RHONE DRIVE	PALM BEACH GARDENS FL 33410
			400003082254--1
			-12/28/99--01070--018
			***750.00 ***750.00
			TS
			REINSTATEMENT 99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEIL, KENNETH J

201 S BISCAYNE BLVD 10TH FL  
MIAMI FL 33131

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

*Kenneth J. Weil*

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/16/99

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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Bruce J. Frey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/99  
Date

954-577-9009  
Daytime Phone #