

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **996000027093**

1. Corporation Name

SPORTSAFE, INC.

FILED

50 JUN 22 PM 3:03

ALLA WASSER, FLORIDA

Principal Place of Business

**2075 West First Street
Suite 204
Fort Myers, FL 33901**

Mailing Address

Same

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

March 27, 1996

5. FEI Number

☒ 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)

1 Title(s)	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
D, P	Sullivan, Marc C.	7123 S. Brentwood Rd.	Ft. Myers, FL 33919
D, VP	Diamond, Joseph	2075 W. First St., Suite 204	Ft. Myers, FL 33901
D, T	Giordanella, Stephen G.	6250 N.W. 96th Terrace	Parkland, FL 33067
D, S	Gargano, Anthony	2075 West First Street, #203	Fort Myers, FL 33901

REINSTATEMENT

8. Name and Address of Current Registered Agent

**Anthony J. Gargano
2075 West First Street, Suite 203
Ft. Myers, FL 33901**

9. Name and Address of New Registered Agent

Name

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

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

Anthony J. Gargano

REGISTERED AGENT MUST SIGN

Date

6/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Marc C. Sullivan - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marc C. Sullivan, President

Date

6/16/98

Daytime Phone #

941-479-5555