

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082718

1. Corporation Name

SKI-EE-ZZ SPORT, INC.

Principal Place of Business

1136 SE 3RD AVE
FORT LAUDERDALE FL 33316

Mailing Address

1136 SE 3RD AVE
FORT LAUDERDALE FL 33316

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1996

5. FEI Number

65-0708677

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	4 City / State / Zip
PS/T	TYRRELL, BRUCE M	1136 S.E. 3RD AVENUE	FORT LAUDERDALE FL 33316
V/S	TYRRELL, COLLEEN A	1136 S.E. 3RD AVENUE	FORT LAUDERDALE FL 33316
S	GROSSMAN, ZACHARY D DR	1136 S.E. 3RD AVENUE	FORT LAUDERDALE FL 33316
T	HAMILTON, ALLEN	1136 S.E. 3RD AVENUE	FORT LAUDERDALE FL 33316

200026386762
01/15/04--01010--001 **150.00

8. Name and Address of Current Registered Agent

TYRRELL, BRUCE M
1451 SW 18TH TER
FORT LAUDERDALE FL 33312

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1-6-04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-04

Daytime Phone #

1-800-325-0004

FILED
04 JAN 15 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

SKI-EE-ZZ SPORT

1136 South East Third Avenue
Fort Lauderdale Florida 33316-1110

(954) 768-0600
Fax (954) 768-9027

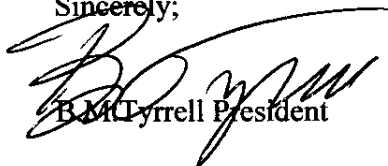
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

To whom it may concern;

During our end of year audit our accountant that our corporate renewal had not been completed. This was brought to his attention with the receipt of these reinstatement forms now being filed. I have no possible explanation as to why our original forms were not received. We are in an office building that is plagued with mail problems because we have two addresses 1136 and 1140.

We thank the state for the ability to correct this problem.

Sincerely;



B. M. Tyrrell President