PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 DEC 17 AM 11: 45

SECRETARY OF STATE

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

SKATE 2000 OUTLET INC.

SIVATE	E 2000 OUTLET INC.		1716	LANASSEE, FLORIDA		
Principal Place of Business 250 EAST PALM DRIVE FLORIDA CITY FL 33034		Mailing Address 250 EAST PALM DRIVE FLORIDA CITY FL 33034		REINSTATEMENT) 7 (A)		
2. New Pr 420 Sulte, Apt. City & Stat MIAM	(\$0	3 New Mailing Office Address, II 420 (1~ C 0 C) Sulto, Apt. #, etc. # 450 City & Stato M.M. BEACH Zip Count	Applicable 4. Date To Do 5. FEIN 6.	Incorporated or Qualified business in Florida 1	1/25/1996 Applied For Not Applicable 7.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/ Title(s) 2 Name of Officers and/or Directors POZNER, MICHAEL A		r Director (Florida nonprofit corporations must list at least 3 direct Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 1460 OEAN DRIVE, SUITE 310		City / State / Zip 4 MIAMI BEACH FL 33139		
D	REICHMANN, DAVID M 294 HILL		BLVD.	TORONTO, ONTARIO I	TORONTO, ONTARIO M6B 1N1	
				600002383 -12729797- ****200.08	391916	
	8. Name and Address of Current	Registered Agent	9. Name	12/29/97-1	01003~-013	
POZNER, MICHAEL A 250 EAST PALM DRIVE FLORIDA CITY FL 33034			Name Street Address (P.O. Box Number is Not Acceptable) Sulto, Apt. #, Etc. City State Zip Code			
10. I, being Signature o Registered	g appointed the registered agent of the about of Agent	OVERTIAMOR CORPORATION, AM FAMILIAR W PORT OF THE DAGENT MUST SIGN	, ·	! Fi		
	is corporation owes or hangible Personal Proper		ar Yes ☐ No		de for information ngible tax.)	
12. I certify	that I am an officer or director or the rece	iver or trustee empowered to execute	this application as provided for	in chapter 607 or 617, F.S. I further	r certify that when filing	

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 eath.

SIGNATURE

E AND TYPED OR PUINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/97- (305) 538-8244

Dayting Phone #