

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 26 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 97 00000 4585**

1. Corporation Name

American Association of Professional Athletes, Inc.

REINSTATEMENT 2003

800024082948
10/24/03--01024--030 **150.00

WOP

2. Principal Office Address

621 N.W. 53rd St.

Suite, Apt. #, etc.

240

City & State

Boca Raton, FL.

Zip

33487

Country

USA

3. Mailing Office Address

621 N.W. 53rd St.

Suite, Apt. #, etc.

Suite 240

City & State

Boca Raton, FL.

Zip

33487

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/15/97

5. FEI Number

650807137

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK BOGEN

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

621 N.W. 53rd St.

Suite, Apt. #, Etc.

Suite 240

City

Boca Raton

State

FL

Zip Code

33487

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mark Bogen

Date

10/23/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Adam Plotkin	621 NW 53 rd St. #240	Boca Raton, FL. 33487
VP	Mark Bogen	621 NW 53 rd St. #240	Boca Raton, FL. 33487

10. 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:

Mark Bogen : **MARK BOGEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

Daytime Phone #

561-995-9774

CR2E081 (10/02)

20X2

AMERICAN ASSOCIATION OF PROFESSIONAL ATHLETES, INC.

621 N.W. 53rd St.
Suite 240
Boca Raton, Florida 33487
Tel: (800)536-7545
Fax: (888)707-0003

RE: Document Number P97000004585

October 23, 2003

Florida Department of State
Reinstatement Division
409 E. Gaines St.
Tallahassee, FL 32399

Dear Reinstatement Division:

We are writing to you due to the fact that we did not receive an annual report for this year. Since we did not receive an annual report, our corporation was involuntarily dissolved.

After speaking to your office, we were told to send in a corporate reinstatement form, a check for \$150 dollars and this letter.

Can you please process our form and have our company be in good standing with the State of Florida.

Thank you for your time and if you have any questions, please give me a call at your convenience.

Sincerely,



Mark Bogen
V.P. Legal Counsel