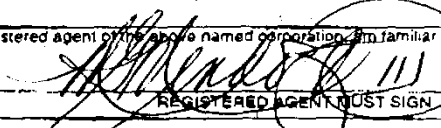


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000007433 (0)			
1. Corporation Name POLO UMPIRES INTERNATIONAL, INC.			
Principal Place of Business 251 Royal Palm Way, #602 Palm Beach, FL 33480		Mailing Address 251 Royal Palm Way, #602 Palm Beach, FL 33480	
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		01/20/1997	
5. FEI Number		Applied For	
65-0721074		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐		SA 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
P	HUGHES, THOMAS E.	251 ROYAL PALM WAY, #602	PALM BEACH, FL 33480
DVT	SCOWDEN, KRISTIN	251 ROYAL PALM WAY, #602	PALM BEACH, FL 33480
S	RIDENOUR, DEBRA ANN	251 ROYAL PALM WAY, #602	PALM BEACH, FL 33480
AS	de MENDOZA, MARIO G. III	251 ROYAL PALM WAY, #602	PALM BEACH, FL 33480
AS	WILKINSON, DEBRA	251 ROYAL PALM WAY, #602	PALM BEACH, FL 33480
8. Name and Address of Current Registered Agent			
de MENDOZA, MARIO G. III 251 ROYAL PALM WAY, SUITE 602 PALM BEACH, FL 33480			
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.			
City			
State			
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		Date	
		April 19, 1999	
11. This corporation owes 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, 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:		4/19/99 800/983-9481	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Mario G. de Mendoza, III, Assistant Secretary		Daytime Phone #	