

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 23 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000028695

1. Corporation Name

THE ARENA SPORTS BARS, INC

2. Principal Office Address

1135 N FEDERAL HWY

Suite, Apt. #, etc.

1135

City & State

FT. LAUDERDALE

Zip

33304

Country

USA

3. Mailing Office Address

1135 N FEDERAL HWY

Suite, Apt. #, etc.

1135

City & State

FT. LAUDERDALE

Zip

33304

Country

USA

4. Date Incorporated or Qualified
-- To Do Business in Florida

03/27/1997

5. FEI Number

65-0756824

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

EID, MARWAN

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

1135 N FEDERAL HWY

Suite, Apt. #, Etc.

1135

City

FT. LAUDERDALE

State

FL

Zip Code

33304

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

REGISTERED AGENT MUST SIGN

Date 05/05/03

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
D	EID, MARWAN	1135 N FEDERAL HWY	FT. LAUDERDALE, FL 33304

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-565-7132

CR2E081 (10/02)

KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315
Boca Raton, Fl. 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, Fl. 33429
FAX: (561) 394-5134

National Society of Tax Professional

May 2, 2003

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

REF: THE ARENA SPORTS BARS, INC
DOCUMENT #P97000028695

Dears Sirs,

The above referenced corporation has never received any notices before at all. We are enclosing the report and a check in the amount of \$ 750 for 1999/2000/2001/20002 and 2003. Please accept this annual report as reinstatement.

Although we would like to verify our address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.



Andre K Kattoura