

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 16 PM 3:49



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97 0000 S1555

1. Corporation Name

I WAS THERE SPORTS, INC.

2. Principal Office Address

12026 BEMONT AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

12026 BEMONT AVE.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

Zip

34654

Country

USA

City & State

NEW PORT RICHEY, FL

Zip

34654

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1997

5. FEI Number

59-3455104

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

SOWERS, KIRK F SR

300004563449 -- 1

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

12026 BEMONT AVE.

08/30/01-01002-023
****450.00 ****50.00

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34654

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

Date

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/V/T	SOWERS, KIRK F SR	12026 BEMONT AVE.	NEW PORT RICHEY, FL 34654
			SP

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)(f), 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 #