

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 30 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000069610

1. Corporation Name

Athletes in Progress, Inc.

Principal Place of Business

2780 N Nob Hill Rd
Sunrise, FL 33322

Mailing Address

2780 N Nob Hill Rd
Sunrise, FL 33322

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10828 NW 40 St
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10828 NW 40 St
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

8/11/97

5. FEI Number

65-0772857

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	Thomas Rayhill	10828 NW 40 St	Sunrise, FL 33351

900002703429--8
-12/04/98--01073--019
***750.00 ***750.00

8. Name and Address of Current Registered Agent

Thomas Rayhill
2780 N Nob Hill Rd
Sunrise, FL 33322

9. Name and Address of New Registered Agent

Name Thomas Rayhill
Street Address (P.O. Box Number is Not Acceptable)
10828 NW 40 St
Suite, Apt. #, Etc.

City Sunrise State FL Zip Code 33351

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

REGISTERED AGENT MUST SIGN

Date 11/25/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 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

Thomas Rayhill, Director

Date

11/25/98

Daytime Phone #

954-
419-7252

CR20040 (12/95)