

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000070370

1. Corporation Name

ACTION SPORTS SUPPLY, INC.

Principal Place of Business

4500 NW 72ND AVE  
MIAMI FL 33166

Mailing Address

310 RACQUET CLUB ROAD  
~~APT. #104~~  
WESTON FL 33326  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

310 RACQUET CLUB RD

Suite, Apt. #, etc.

APT. #104

City & State

WESTON, FL ~~APT. #104~~

Zip

33326

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/13/1997

5. FEI Number

65-0784035

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

City / State / Zip

D

PEREZ, ALEJANDRO

4500 NW 72ND AVE

MIAMI FL 33166

D

PRADA, YLIANA M

4500 NW 72ND AVE

MIAMI FL 33166

8000000812609  
11/05/02--01103--012 \*\*150.00

8. Name and Address of Current Registered Agent

PEREZ, ALEJANDRO  
4500 NW 72ND AVE  
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/6/97

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/6/97

954-326-9461

CR2E040 (8/02)

20f2

ACTION SPORTS SUPPLY, INC  
310 Racquet Club Rd. #104  
Weston, FL 33326  
Tel (954) 326-9461 Fax (954) 349-9856

Miami, October 29, 2002

STATE OF FLORIDA  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

**RE: NON RECEIPT OF PRIOR UBR NOTICES**

Dear Sir or Madam,

The purpose of this letter is to inform your office that prior "UBR" notices sent to ACTION SPORTS SUPPLY, INC., have not been received, apparently due to address related issues as informed by our local post office.

This letter is enclosed with the completed application for reinstatement and fees due as required by your office.

Thanking you in advance for your kind support.

Yours truly,



Alejandro Perez  
Director