PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -2 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000077061

1. Corporation Name
ProAthlete Financial Group, Inc.

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
6501 N. Federal Hwy	6501 N Federal Hwy
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. #2
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33487 Country USA	Zip 33487 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/5/1997

5. FEI Number 650813471 ☐ 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: George Landa

Street Address (P.O. Box Number is Not Acceptable): 6501 N Federal Hwy

500023635595
10/08/03--01013--006 **458.75

Suite, Apt. #, Etc.: #2

City: Boca Raton | State: FL | Zip Code: 33487

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 10/1/03
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
PD Mr.	George Landa	6501 N. Federal Hwy Suite 2	Boca Raton, FL 33487

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: _____ 10/1/03 5619885540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (10/02)

DP 10/2

PROATHLETE
FINANCIAL GROUP, INC.

October 1, 2003

Florida Department of State
Division of Corporations
Attn: Reinstatement Department
409 East Gaines Street
Tallahassee, FL 32399

RE: ProAthlete Financial Group, Inc.
Document #P97000077061

To Whom it may concern:

Enclosed please find Reinstatement Form for ProAthlete Financial Group, Inc. along with check number 1829 in the amount of $458.75 which represents the fee of $450.00 for calendar year 2003 and $8.75 for Certificate of Status.

I am requesting that you waive non filing fees of $600.00 as I never received the forms due to an improper address being on file.

Thanking you in advance for your cooperation in this matter.

Sincerely,

George Landa
ProAthlete Financial Group, Inc.

6501 NORTH FEDERAL HWY, STE 2 ▪ BOCA RATON, FL 33487 ▪ (561) 988-5540 ▪ Fax: (561) 988-7220