

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 AUG 23 PM 1:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P 97000091634 (0)**

1. Corporation Name

CHAMPIONSHIP PLACE KICKING & PUNTING INC.

Principal Place of Business

Mailing Address

**3150 W. ROLLING HILLS CIRCLE
 BOX 207
 DAVIE, FL 33328**

**P.O. BOX 292530
 DAVIE, FL
 33329-2530**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

To Do Business in Florida

5. FEI Number

99-3475487

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	WILLIAM D. BLEVINS	3150 W. ROLLING HILLS CIRCLE BOX 207	DAVIE, FL 33328
			500002970425--6 -08/26/99--01006--026 ****150.00 ****150.00
			500002970425--6 -08/26/99--01006--027 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**RICHARD BROWN
 2910 CARDINAL DRIVE SUITE A
 VERO BEACH, FL 32960**

9. Name and Address of New Registered Agent

Name **WILLIAM DOUG BLEVINS**
 Street Address (P.O. Box Number is Not Acceptable)
**3150 W. ROLLING HILLS CIRCLE
 SUITE, APT. #, ETC
 BUILDING #7 APARTMENT NO. 207
 DAVIE
 State **FL** Zip Code **33328****

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

Doug Blinn

REGISTERED AGENT MUST SIGN

Date

8/8/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Doug Blinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/99

Date

(954) 72-7101

Daytime Phone #

CREORY (12-98)