

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB -2 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000105118

1. Corporation Name

CEO SPORTS & EVENTS MARKETING, INC.

Principal Place of Business

Mailing Address

317 AIRPORT ROAD NORTH
NAPLES, FL 34104

REINSTATEMENT 99-00

If above addresses are incorrect in any way, please enter correct information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12.97

Suite, Apt., #, etc.

Suite, Apt., #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0808871

Not Applicable

Zip

Country

Zip

Country

30350

U.S.A.

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Peter L. VAJDA	213 GLENBROOK LANE	CANTON, GA 30115
CEO/S	JOHN G. LENZI	8 PUMPKIN PATCH WAY	HANOVER, MA 02339
			600003121216--4 -02/02/00--01008--015 ****150.00 ****150.00
			600003121216--4 -02/02/00--01008--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETER L. VAJDA
317 AIRPORT ROAD NORTH
NAPLES, FL 34104

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/12/2000

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. PAYNE FEB 2 2000

1/12/2000 770.650.922
Date Daytime Phone #