

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUN 23 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99-04

**DOCUMENT #** P97000106599

**1. Corporation Name**

Soul Sports, Inc.

**2. Principal Office Address**

169 E. Flagler Street

Suite, Apt. #, etc.

1428

City & State

Miami

Zip

33131

Country

USA

**3. Mailing Office Address**

15950 NW 83rd Avenue

Suite, Apt. #, etc.

City & State

Miami Lakes

Zip

33016

Country

USA

700038199877

06/23/04--01070--007 \*\*1500.00

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/19/1997

**5. FEI Number**

650-80-0676

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

Sara C. Jones, Esq.

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

15950 NW 83rd Avenue

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33016

**REINSTATEMENT**

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 04/21/2004

**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	Mark V. Jones	169 E. Flagler Street, Suite 1428	Miami, FL 33131
ST	Sara C. Jones	15950 NW 83rd Avenue	Miami Lakes, FL 33016

**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:**

*[Signature]* Mark V. Jones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/2004

Date

305-825-1928

Daytime Phone #

CR2001 (01/04)

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