

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P98000038898

1. Corporation Name

The Ultimate Main Event Inc.

2. Principal Office Address

16170 Saddle Lane

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33326

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

03 JUL 30 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100021935961

07/30/03--01019--006 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

May 13, 1998

5. FEI Number

65-0834558

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

Leslie Sands

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

16170 Saddle Lane

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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

*Leslie Sands*

REGISTERED AGENT MUST SIGN

Date 7-25-03

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
VPSD	Leslie Sands	16170 Saddle Lane	Weston FL 33326

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Leslie Sands President*

7-2503

Date

954-789-1172

Daytime Phone #

CR2E081 (10/02)