

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 26 AM 8:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000041681

1. Corporation Name

THE ATHLETE, INC.

2. Principal Office Address

2340 N. 62ND AVE

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

Zip

33024

Country

USA

3. Mailing Office Address

2340 N. 62ND AVE.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

Zip

33024

Country

USA

000029256180
02/23/04--01074--018 **750.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 8, 1998

5. FEI Number

65-0834648

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

STEVE SMITH

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

2340 N. 62ND AVENUE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

000029256180

04/27/04--01041--011 **150.00

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

REGISTERED AGENT MUST SIGN

Date

2/12/04

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
P, VP, S, T	STEVE SMITH	2340 N 62 AVENUE	HOLLYWOOD, FL 33024

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 SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/04

Daytime Phone #

954 483 8800

CR2E081 (10/02)

To whom it may concern,

My name is Eduardo Picado Director of Idalmis Residence Inc. I never received my reject form from 2003. I was told there was a reject form sent to me in order to change the titles. So I was told to file a new Corporation form with a check of \$150 dollars and a letter stating what had happened. So along with my check I have included the correct titles in the form.

Thank you,
Eduardo Picado
Director
(305) 223-1003
