

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000066481

1. Corporation Name

THE ULTIMATE SOCCER WORLD MAGAZINE, INC.

Principal Place of Business

Mailing Address

12193 PEMBROKE ROAD  
 PEMBROKE PINES FL 33027

12193 PEMBROKE ROAD  
 PEMBROKE PINES FL 33027

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

County

Zip

County

12193 Pembroke Rd  
 Pembroke Pines, FL  
 33025 Broward

4. Date Incorporated or Qualified To Do Business in Florida

07/20/1998

5. FEI Number

65-0857549

Applied For

Not Applicable

8. 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	4 City / State / Zip
P/O	CARR, BRIAN F	12193 PEMBROKE ROAD	Pembroke Pines, FL, 33025
V/P/O	Aura C. De Ramirez	12193 Pembroke Road	Pembroke Pines, FL, 33025
S/T	Elizabeth A. Golding	12193 Pembroke Road	Pembroke Pines, FL 33025
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUAREZ, GUS ESQ.  
 2151 LE JEUNE ROAD  
 MEZZANINE  
 CORAL GABLES FL 33134-4200

Name Carolyn Karetakis, Esq  
 Street Address (P.O. Box Number is Not Acceptable)  
 3121 Ponce de Leon Blvd  
 Suite, Apt. #, Etc.  
 City Coral Gables State FL Zip Code 33134

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

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

10-18-99



(2)

Monday, October 18, 1999

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
United States

To whom it may concern;

After receiving a CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION, I called and spoke to Michelle Milligan. I explained to her that we had indeed sent in our applications with all of the correct information some time ago. In not hearing anything we supposed that all was fine, then received this certificate, which none of the changes had been made. This lead me to believe that you had not received our corrections. Although, Michelle stated that you had received it and sent it back for additional corrections, we did not receive. Also, please note that the address was incorrect. Michelle stated that all fee's would be waved under the circumstances.

Thank you for your time and consideration in this matter, I look forward to hearing from you very soon.

Sincerely,

Elizabeth Golding  
Office Manager