

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 20 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078736

1. Corporation Name

Fine International Sports, Inc.

REINSTATEMENT 99-04

900036960119

05/20/04--01036--016 **1350.00

04/26/04 90245 008 \$150.00

2. Principal Office Address

1732 NW 20th St

Suite, Apt. #, etc.

3. Mailing Office Address

1732 NW 20th St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

City & State

Miami, FL

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0862160

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

Sharon Pak

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

1870 Lakeshore Dr.

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

Sharon Pak

REGISTERED AGENT MUST SIGN

Date 5/01/04

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
PSD	Sharon Pak	1870 Lakeshore Dr.	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:

Sharon Pak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/04

Date

Daytime Phone #

CR2001 (01/04)