

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P98000101299

1. Corporation Name

PRO SHOP VENTURES, INC.

Principal Place of Business

2637 MCCORMICK DR., STE. B
CLEARWATER FL 33759

Mailing Address

2637 MCCORMICK DR., STE. B
CLEARWATER FL 33759

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

Country

Zip

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1998

5. FEI Number

59-3557604

Apply **SP**

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **SP**

\$9.75 A fee of \$9.75 is 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
D	MORETTI, BRADLEY	2637 MCCORMICK DR., STE. B	CLEARWATER FL 33759
D	MARLOW, JAMES A	2637 MCCORMICK DR., STE. B	CLEARWATER FL 33759

300003046543--6
-11/16/99--01105--015
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WOLFE, RANDOLPH J~~
~~201 N. FRANKLIN ST., STE 2100~~
~~TAMPA FL 33602~~

Name

Joseph W. Gaynor, Esq.

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

2637 McCormick Dr.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33759

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 October 20, 1999

REGISTERED AGENT MUST SIGN

Joseph W. Gaynor

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

Bradley Moretti

26 OCT 99

Date

83 645-6000

Daytime Phone #