

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 22 PM 1:56

DOCUMENT # P99000006890

1. Corporation Name

SM Sport Inc.

2. Principal Office Address

7380 N.W. 17th Ct.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

3. Mailing Office Address

5557 W. Oakland Park Blvd.

Suite, Apt. #, etc.

500

City & State

Lauderhill, FL

Zip

33313

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/00 90019/025 \$150
2/99

5. FEI Number

65-0889207

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

Scott Herman

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

7380 N.W. 17th Ct.

Suite, Apt. #, Etc.

City

Pembroke Pines

State
FL

Zip Code

33024

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

1/10/01

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
Owner	Scott M. Herman	7380 N.W. 17th Ct.	Pembroke Pines, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/01

Daytime Phone #

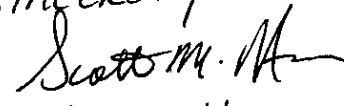
954-966-0814

CR2E081 (9/99)

(2)

ATTN: Sean Toner

As per our phone conversation
on 1/8/01 I never received your
Letter sent on May 22nd 2000 For
Corrections. I would like my
Corporation up and running as soon
as possible with no additional Fees
or penalties to my account. This is
my second Letter sent to The
State of Florida about this matter.
You people received my check last
May of 2000 and cashed it please
solve the problem right away.

Sincerely

Scott M. Herman