

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT
2000



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.

3. Mailing Office Address

5557 W. Oakland Park Blvd.

Suite, Apt. #, etc.

500

City & State

Pembroke Pines, FL

City & State

Lauderhill, FL

Zip

33024

Country

USA

Zip

33313

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

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

Scott M. Herman

Date 1/10/01

REGISTERED AGENT MUST SIGN

CR2E081 (9-99)

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
			<i>DR 1/12/01</i>

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:

Scott M. Herman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 954-966-0814
Date Daytime Phone #

(2)

ATTN: Scan 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
Scott M. Herman