

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR -8 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9900000749

1. Corporation Name

DIAMOND PRO SPORTS MANAGEMENT, INC.

2. Principal Office Address

8860 NW 18th STREET

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

3. Mailing Office Address

8060 NW 18th STREET

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/20/1999

5. FEI Number

65-0890738

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

ROBERT H RIVARD

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

8860 NW 18th STREET

Suite, Apt. #, Etc.

City

CORAL SPRINGS,

State

FL

Zip Code

33071

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****\$900.00 ****\$900.00

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**

Date 3/29/2002

REGISTERED AGENT MUST SIGN

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
D/P	ROBERT H RIVARD	8860 NW 18th ST.	CORAL SPRINGS, FL 33071
D	JENNIFER R RIVARD	8860 NW 18th ST.	CORAL SPRINGS, FL 33071

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

32902 954-316288

Date

Daytime Phone #

CR2E081 (9/01)