

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000027738**

1. Corporation Name

CORPORATE SPORTS MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

**400 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 33755**

**400 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 33755**

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1999

5. FEI Number

58-2469322

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	KING, CHRISTOPHER C.	116 N. BAY HILLS BLVD.	SAFETY HARBOR FL 34695
D	O'BRIEN, HOLLY A.	116 N. BAY HILLS BLVD.	SAFETY HARBOR FL 34696
D	KING, KEVIN	630 LAKE FOREST DRIVE, SE	PINEHURST NC 28374
CFOD	MARTINS, DWAYNE	5127 104TH STREET NORTH	SAINT PETERSBURG FL 33708
VPD	RICHARDSON, MARTIN	1105 PELLICAN PLACE	SAFETY HARBOR FL 34695
VPD	BARBEAU, SHAUN	3092 MONARCH PINE DR.	NORCROSS GA 30071

8. Name and Address of Current Registered Agent

**MARTINS, DWAYNE
5127 104TH STREET NORTH
SAINT PETERSBURG FL 33708**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

000023830320

10/15/03--01075--026 **750.00

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

727.669.6972

Daytime Phone #

CR2E040 (7/03)