

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 27 AM 8:05

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000029340**

1. Corporation Name

**SPORTS & HOSPITALITY  
INTERNATIONAL, INC**

**600137323876**  
10/27/08--01049--010 \*\*300.00

2. Principal Office Address - No P.O. Box #

**905 E. MARTIN LUTHER  
KING DR.**

Suite, Apt. #, etc.

**ST # 610**

City & State

**TARPON SPRINGS, FLA**

Zip

**34689**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT  
CR2E081 (10/08)

**07-08**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/26/1999**

5. FEI Number

**58-2457468**

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

**PETER BILLINGHAM**

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

**905 E. MLK DR**

Suite, Apt. #, Etc.

**ST # 610**

City

**TARPON SPRINGS**

State

**FL**

Zip Code

**34689**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Peter C. Bynum*

REGISTERED AGENT MUST SIGN

Date **10-23-2008**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip          |
|--------|--------------------------------------|---------------------------------------------------|-----------------------------|
| PRES   | SHIRLEY HUTTON                       | 4715 BALDWIN MANOR RD                             | PITTSBURGH, PA<br>15227     |
| V.P.   | HARRY HUTTON                         | "                                                 | "                           |
| SECTY  | PETER BILLINGHAM                     | 905 E. MLK DR                                     | TARPON SPRINGS, FL<br>34689 |
| TRERS  |                                      |                                                   |                             |
|        |                                      |                                                   |                             |
|        |                                      |                                                   |                             |

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 contained in Chapter 119, 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.

(412) 881-8313

SIGNATURE:

*Shirley Hutton* **SHIRLEY HUTTON**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-14-08**

Daytime Phone #