


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 29 AM 9:24

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000031589

1. Corporation Name
S & T SPORTS GROUP

2. Principal Office Address 500 SE 17TH STREET Suite, Apt. #, etc. SUITE # 220 City & State FT. LAUDERDALE, FL Zip 33316		3. Mailing Office Address 500 SE 17TH STREET Suite, Apt. #, etc. SUITE # 220 City & State FT. LAUDERDALE, FL Zip 33316	
Country USA	Country USA	Country USA	Country USA

REINSTATEMENT 00-05
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 09/22/2000

5. FEI Number 65-0909578 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: Eric Yankwitt

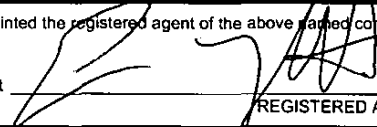
Street Address (P.O. Box Number is Not Acceptable): 500 SE 17TH STREET

Suite, Apt. #, Etc.: SUITE # 220

City: FORT LAUDERDALE State: FL Zip Code: 33316

100062505581
12/30/05--01050--005 #*1500.00

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.

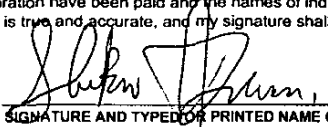
Signature of Registered Agent:  Date: 12/12/05

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	Stefano Turconi	2101 brickel ave #307	Miami, fl 33129

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:  Date: 12/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR