

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

02 JUL 31 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000065508**

1. Corporation Name

**PAW SPORTS, INC**

2. Principal Office Address

**8540 DAYTON AVE**

Suite, Apt. #, etc.

City & State

**FORT MYERS, FL**

Zip

**33907**

Country

**USA**

3. Mailing Office Address

**8540 DAYTON AVE.**

Suite, Apt. #, etc.

City & State

**FORT MYERS, FL**

Zip

**33907**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/23/99**

5. FEI Number

**061553750**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

500007113205--9

--08/14/02--01067--008

\*\*\*\*\*300.00 \*\*\*\*\*300.00

**7. Name and Address of Current Registered Agent**

Name

**NATIONAL FITNESS CLUBS OF FLORIDA INC, INC**

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

**8540 DAYTON AVE.**

Suite, Apt. #, Etc.

City

**FORT MYERS**

State  
**FL**

Zip Code

**33907**

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

REGISTERED AGENT MUST SIGN

Date

**7/1/02**

**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
<b>D</b>	<b>PICARL A. NARATH</b>	<b>1538 TURNPIKE ST.</b>	<b>N. ANDOVER, MA 01845</b>

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

Date

Daytime Phone #

**7/1/02 (978) 686 6468**

CR2E081 (9/01)

7/1/02

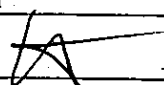
Floriane Dept of State

RE: PAN SPORTS, INC

I am requesting that you waive the fees associated with reinstatements of this Corporation and enclose a check for \$300.

I have never received any forms and never received the notice to renew.

Thank You

  
Pierre A. Nantel