

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P99000084144

1. Corporation Name
ATHLETIC INSURANCE, INC.

Principal Place of Business Mailing Address

1730 NORTHWEST 109TH AVENUE
PEMBROKE PINES FL 33026

1730 NORTHWEST 109TH AVENUE
PEMBROKE PINES FL 33026

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		4. Date Incorporated or Qualified To Do Business in Florida 09/23/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0950341	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	LEAR, JOE	1730 NORTHWEST 109TH AVENUE	PEMBROKE PINES FL 33026
STD	COLLINS, RYAN	1730 NORTHWEST 109TH AVENUE	PEMBROKE PINES FL 33026

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code 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.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **12/12/00**

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

12/12/00 (305) 389-6149

Date Daytime Phone #

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Athletic Insurance Inc.
Ryan Collins Secretary
1730 NW 109th Ave.
Pembroke Pines, Fl. 33026

To whom it may concern,

Please note that within the past few months, Athletic Insurance Inc. has been having problems receiving mail from various companies including the State of Florida. Athletic Insurance Inc's correct address is noted above. Please note the address and make sure that all future correspondence is sent here. I have enclosed a check in the amount of \$150 for my annual corporate fee. Thank you for your cooperation!

Sincerely,

A handwritten signature in black ink, appearing to read 'Ryan Collins', with a long horizontal flourish extending to the right.

Ryan Collins