


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 01 NOV 13 AM 9:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>990000084144</u>					
1. Corporation Name <u>ATHLETIC Insurance, INC.</u>					
2. Principal Office Address <u>1730 NW 109 Ave</u>		3. Mailing Office Address <u>1730 NW 109 Ave</u>		<b>REINSTATEMENT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Pembroke Pines, FL</u>		City & State <u>Pembroke Pines, FL</u>			
Zip <u>33026</u>	Country <u>USA</u>	Zip <u>33026</u>	Country <u>USA</u>		
		4. Date Incorporated or Qualified To Do Business in Florida: <u>9/23/99</u>		5. FEI Number <u>65-0950341</u>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent					
Name <u>RYAN Collins</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>1730 NW 109 Ave</u>					
Suite, Apt. #, Etc.					
City <u>Pembroke Pines</u>					
State <u>FL</u> Zip Code <u>33026</u>					
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 <u>[Signature]</u> Date <u>11/9/01</u>					
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		
<u>President</u>	<u>Joseph J. Lear</u>	<u>5630 Wellesley Park Dr.</u> <sup>APT. 204</sup>	<u>Boca Raton, FL 33433</u>		
<u>Secretary</u>	<u>RYAN Collins</u>	<u>1730 NW 109 Ave</u>	<u>Pembroke Pines FL 33026</u>		
<u>Treasurer</u>					
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: <u>[Signature]</u> (RYAN Collins) <u>11/9/01</u> (786) 229-7611					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					