

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

FILED

01 JUN 18 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S26746

## 1. Corporation Name

ProSports Marketing, Inc.

## 2. Principal Office Address

312 Mallard Road

Suite, Apt. #, etc.

## City &amp; State

Weston, FL

## Zip

33327

## Country

USA

## 3. Mailing Office Address

PMB 203 1112 Road Weston

Suite, Apt. #, etc.

## City &amp; State

Weston, FL

## Zip

33326-1915

## Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1991

## 5. FEI Number

65-023268

## 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

William Mullan, Jr.

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

312 Mallard Road

## Suite, Apt. #, Etc.

## City

Weston, FL

## State

FL

## Zip Code

33327

## 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

Wm S Mullan Jr

Date 06/12/01

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
Pres	William Mullan, Jr.	312 Mallard Road	Weston, FL 33327
Treas			

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:

Wm S Mullan Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/12/01

Date

954-424-4242

Daytime Phone #