

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S48831**

1. Corporation Name

SPORT CONSTRUCTION CO.

FILED

96 DEC -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~21 OCEAN REEF DRIVE~~
~~SUITE C-206~~
KEY LARGO FL 33037

~~21 OCEAN REEF DRIVE~~
~~SUITE C-206~~
KEY LARGO FL 33037

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

18 Cinnamon Bark Ln.
Suite, Apt. #, etc

100 Anchor Dr.
Suite, Apt. #, etc

City & State

City & State

Key Largo, FL
33037 USA

Key Largo, FL
33037 USA

REINSTATEMENT

96000

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1991

5. FEI Number

65-0258080

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	SPORT, WILLIAM A.	17 HARBOR ISLAND DR.	KEY LARGO FL
STVD	SPORT, BRENDA P.	17 HARBOR ISLAND DR.	KEY LARGO FL

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-12/06/96--01067--015

***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPCRT, WILLIAM A
17 HARBOR ISLAND DRIVE
KEY LARGO FL 33037

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

William A. Sport

REGISTERED AGENT MUST SIGN

Date

9/18/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

William A. Sport

Date

9/18/96 (305) 367-4110

Daytime Phone #