PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 12 PM 1:21

REINSTATEMENT 97-99

DOCUMENT # **V60976**

1. Corporation Name

KISSIMMEE SPORTS ARENA INC.

Principal Place of Business	Mailing Address
958 S. HOAGLAND BLVD. KISSIMMEE FL 34741	958 S HOAGLAND BLVD KISSIMMEE FL 34741 US

If above address(es) are incorrect in any way, complete the following:

2. New Principal Office Address: 1010 Suhls Lane
Suite, Apt #, etc
City & State: Kissimmee, FL
Zip: 34741 Country: Osceola

3. New Mailing Address:
Suite, Apt #, etc
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/31/1992

5. FEI Number: 59-3119586 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	SUHL, GARY	958 S. HOAGLAND BLVD.	KISSIMMEE FL
S	SUHL, CALLEE	958 S. HOAGLAND BLVD.	KISSIMMEE FL
V	SUHL, JED	958 S. HOAGLAND BLVD.	KISSIMMEE FL

05/04/99--01023--015
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

CARPENTER, CINDY
510 TONOPEKALIGA AVE.
KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name: Diane Suhl
Street Address (P.O. Box Number is Not Acceptable): 958 S. Hoagland Blvd
Suite, Apt #, Etc
City: Kissimmee State: FL Zip Code: 34741

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: Diane M. Suhl Date: 4-7-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Gary W. Suhl 4-8-99 407 846 3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E040 (9/97)