

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 SEP 25 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017055

1. Corporation Name

pro players enterprises inc

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

5470 e busch blvd

Suite, Apt. #, etc.

459

City & State

temple terrace, florida

Zip

33617

Country

usa

3. Mailing Office Address

5470 e busch blvd

Suite, Apt. #, etc.

459

City & State

temple terrace, florida

Zip

33617

Country

usa

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/2001

5. FEI Number

59-3699550

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

Corey Curry

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

5470 e busch blvd

Suite, Apt. #, Etc.

459

City

temple terrace

State

FL

Zip Code

33617

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 09/23/2008

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	corey curry	5470 e busch blvd suite 459	temple terrace, florida 33617
vp	martell williams	5470 e busch blvd suite 459	temple terrace, florida 33617

REINSTATEMENT

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09/25/08--01029--004 \*\*450.00

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 contained in Chapter 119, 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

Corey Curry

09/23/08

Date

813-272-2231

Daytime Phone #