

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000017055**

1. Corporation Name

PRO PLAYERS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~16837 STANZA COURT~~
TAMPA FL 33624

~~16837 STANZA COURT~~
TAMPA FL 33624



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~10110 FARMINGDALE PLACE~~

~~P.O. BOX 341403~~

City & State
~~TAMPA, FL~~

City & State
~~TAMPA, FL~~

Zip ~~33624~~ Country ~~USA~~

Zip ~~33694~~ Country ~~USA~~

REINSTATEMENT 03

4. State Incorporated or Qualified To Do Business in Florida

02/14/2001

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. 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	4 City / State / Zip
P	CURRY, COREY C	16837 STANZA COURT 10110 FARMINGDALE PLACE	TAMPA FL 33624

400024387414
11/03/03--01093--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLE, KATHY
205 W MARTIN LUTHER KING BLVD #204
TAMPA FL 33603

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. or 617.0505, F.S.

Signature of Registered Agent

Michael J. Johnson
REGISTERED AGENT MUST SIGN

Date 10/29/03

11. 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:

Corey C. Curry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03 813-269-2177
Date Daytime Phone #

CR2E040 (7/03)



October 29, 2003

To whom it may concern:

My name is Corey Curry and I operate my business under the name of Pro Players Enterprises. Recently, I received a notice of administrative dissolution and would like to remit my name, business name/corporation information, and annual payment, to the appropriate authorities at the Florida Department of State. Unfortunately, I am tardy with updating my information due to lack of receiving the application via a non-updated mailing address. In accordance with the reinstatement application, I have updated my address on the form and enclosed my annual payment to fulfill my obligation.

Thank You,


Corey Curry
CEO
Pro Player Enterprises