

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 20 PM 3: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003091

1. Corporation Name
NIKE USA, INC.

Principal Place of Business Mailing Address
ONE BOWERMAN DRIVE ONE BOWERMAN DRIVE
BEAVERTOWN OR 97005-6453 BEAVERTOWN OR 97005-6453



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
4. Date Incorporated or Qualified To Do Business in Florida 06/01/1998
5. FEI Number 93-1243023 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
CCEO	KNIGHT, PHILIP H	ONE BOWERMAN DRIVE	BEAVERTON OR 97005
PD	CLARKE, THOMAS E	ONE BOWERMAN DRIVE	BEAVERTON OR 97005
V	PORTER, GEORGE	ONE BOWERMAN DRIVE	BEAVERTON OR 97005
V	Kevin Wulff	One Bowerman Drive	Beaverton, Oregon 97005
V	STEWART, LINDSAY	ONE BOWERMAN DRIVE	BEAVERTON OR 97005
T	STILWELL, MARCIA	ONE BOWERMAN DRIVE	BEAVERTON OR 97005
S	COBURN, JOHN F III	ONE BOWERMAN DRIVE	BEAVERTON OR 97005

8. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City State Zip Code
FL

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 Kathleen Gariepy
Date November 9, 1999

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 12/3/99
Daytime Phone # 503-671-311