## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION , FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Sucretary of State

**DIVISION OF CORPORATIONS** 

DOÖUMENT#

F98000003091

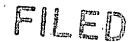
Corporation Name

NIKE USA, INC.

Principal Place of Business Mailing Ad

ONE BOWERMAN DRIVE BEAVERTOWN OR 97005-6453 Mailing Address

ONE BOWERMAN DRIVE BEAVERTOWN OR 97005-6453



99 DEC 20 PM 3: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA



|  | <u> </u>                          | Address, If Applicable         |                     | New Mailing Office Address, If Applicable     Suite, Apt. #, etc. |                                 |            | 4. Date Incorporated or Qualified To Do Business in Florida  06/01/1998 |  |               |                  |  |
|--|-----------------------------------|--------------------------------|---------------------|---|---------------------------------|------------|---|--|---------------|------------------|--|
| Suite, Apt. #, etc.  |                                   |                                |                     | φτ. #, etc.   |                                 |            | 5. FEI Number   |  |               | Applied For      |  |
| City & State .City   |                                   |                                |                     | y & State   |                                 |            | -l  | 93-1243023                                   |               | Not Applicab     |  |
| Zip Country  |                                   |                                | Zip                 | Zip   |                                 | Country 6. |   | ATE OF STATUS DESIRED .                      |               |                  |  |
| 7. Names   | and Street Ad                     | dresses of Each Officer ar     | id/or Director (Flo | orida nonpro  | fit corporations must I         | list at le | ast 3 directore)  | <u>າດດູດໍລິດໍຣ</u> ິ                         | 7,5,3         | 98               |  |
| Title(s)   | Name of Officers and/or Directors |                                |                     | Street Address of Each<br>Officer and/or Director<br>3            |                                 |            | h   | -01/04/0001064008<br>****750.990 *****750.00 |               |                  |  |
| CCEO   | KNIGHT, PHILIP H                  |                                |                     | ONE BOWERMAN DRIVE  |                                 |            |   | BEAVERTON OR 97005                           |               |                  |  |
| PD   | CLARKE, THOMAS E                  |                                |                     | ONE BOWERMAN DRIVE  |                                 |            | · · · · · · · · · · · · · · · · · · ·                                   | BEAVERTON OR 97005                           |               |                  |  |
| <del>-</del>   | PONTER, CEORGE                    |                                |                     | ONE BOWERMAN DRIVE  |                                 |            |   | BEAVERTON OR 97005                           |               |                  |  |
| V  | Kevin Wulff                       |                                |                     | One Bowerman Drive  |                                 |            |   | Beaverton, Oregon 97005                      |               |                  |  |
| ٧  | 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                        |                                   |                                |                     |   |                                 |            |   | Address of New Registered Agent              |               |                  |  |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 |                                   |                                |                     |   | Street Address (P.O. Box Number |            |   | ent <u>99</u>                                | State Zip C   | TS Code          |  |
| 10. I, being<br>Signature o<br>Registered                              | of<br>Agent                       | e redistered agent of the a    | Dusti               | A   |                                 |            | obligations of Secti  |  | er 9,         | 1999             |  |
| 11. I certify  | that I am an o                    | officer or director or the rec | ceiver or trustee e | mpowered to   | o execute this applica          | tion as    | provided for in cha   | pter 607 or 617, F.S. I fu                   | rther certify | that when filing |  |

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 filling 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 in 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

12/3/99 671-311

Date