PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC -9 PM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000>2385

400009417614
12/09/02--01051--013 **750.00

REINSTATEMENT 02

1. Corporation Name
FLEXIN ATHLETICS, INC.

2. Principal Office Address		**3.** Mailing Office Address	
950 S. PINE ISLAND ROAD		3330 CUMBERLAND BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1000-101		500	
City & State		City & State	
PLANTATION		ATLANTA, GA	
Zip	Country	Zip	Country
33324	USA	30339	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
58- 2574631
☐ 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: MICHELLE DANIEL-ELVIS

Street Address (P.O. Box Number is Not Acceptable): 950 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.: 1000-101

City: PLANTATION | State: FL | Zip Code: 33324

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: Michelle
REGISTERED AGENT MUST SIGN

Date: 11/22/2002

CR2E081 (9/01)

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
P	S. ISAAC DANIEL	2706 E GRAND RESERVE CIR. #1115	CLEARWATER, FL 33759
S	CONRAD HILL	1614 WESTWOOD AVENUE	ATLANTA, GA 30310
T	TONYA WHITLOCK	96 ARBOR SPRINGS PLANTATION DR	NEWNAN, GA 30265

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 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: Conrad N. Hill CONRAD N. HILL 11/22/02 770-933-6234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 12/10