PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 30 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000072385

1. Corporation Name
Flexin Athletics, Incorporated

2. Principal Office Address	3. Mailing Office Address
3330 Cumberland Blvd.	1040 Avenue of the Americas
Suite, ~~Apt. #, etc.~~ 500, P.O. Box 50277	Suite, Apt. #, etc. Floor 18
City & State Atlanta, Georgia	City & State New York, NY
Zip 30302 / Country USA	Zip 10018 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida July 26, 2000

5. FEI Number 58-257-4631 ☐ 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: Sayo A. Daniel

300023458483
09/30/03--01106--007 **900.00

Street Address (P.O. Box Number is Not Acceptable): 950 South Pine Highland Road

Suite, Apt. #, Etc.:

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: [signature] Date: 9/25/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
President	Sayo Daniel	950 S. Pine Highland Road	Plantation, FL 33324
VP	Moses Smalley	6707 Chaparral Dr.	Lithonia, GA 30038
VP	Michelle Daniels	2965 Highland Hills Pkwy	Douglasville, GA 30135
VP	David Brown	4565 Heatherwood Dr. SW	Atlanta, GA 30331

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: [signature] 9/25/03 212-512-0516

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

jr 10/1