

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 23 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06786

1. Corporation Name

NIKE Retail Services, Inc.

2. Principal Office Address

One Bowerman Drive
Suite, Apt. #, etc.

3. Mailing Office Address

c/o John F. Coburn III
One Bowerman Drive
Suite, Apt. #, etc.

City & State

Beaverton OR 97005-6453

City & State

Beaverton OR 97005-6453

Zip

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7/18/85

SP

5. FEI Number

93-0891124

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

600004212416-8

-05/11/01--01108--008

***1058.75 ***1058.75

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

Kathleen Gariepy
Kathleen Gariepy, ASST. Secy.

Date 4/17/01

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
CEO/P	Philip H. Knight	One Bowerman Drive	Beaverton OR 97005-6453
VP/D	Lindsay D. Stewart	One Bowerman Drive	Beaverton OR 97005-6453
CFO/D	Donald W. Blair	One Bowerman Drive	Beaverton OR 97005-6453
T	Marcia A. Stilwell	One Bowerman Drive	Beaverton OR 97005-6453
S	John F. Coburn III	One Bowerman Drive	Beaverton OR 97005-6453
AT	Dennis H. Peterson	One Bowerman Drive	Beaverton OR 97005-6453

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:

John F. Coburn III

John F. Coburn III

4/20/07

Date

503.671.3167

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)