PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 AUG -3 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29180

1. Corporation Name

Agent Investors Holding Company

W09 — 34083

200158882232
07/24/09--01036--003 **900.00

REINSTATEMENT 04-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 ATP Tour Blvd	201 ATP Tour Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach, FL	City & State: Ponte Vedra Beach, FL
Zip: 32082 Country: St Johns	Zip: 32082 Country: St Johns

4. Date Incorporated or Qualified To Do Business in Florida: 1995

5. FEI Number: 593010380 ☐ 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: Irving Lesnick

Street Address (P.O. Box Number is Not Acceptable): 1200 N. Federal Highway

Suite, Apt. #, Etc.: Suite 209

City: Boca Raton State: FL Zip Code: 33432

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 X _____ Date 6/26/09
REGISTERED AGENT MUST SIGN

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
PCEO	Gerald Policastro	201 ATP Tour Blvd	Ponte Vedra Bch, FL 32082
VCFO	Richard Sielicki	201 ATP Tour Blvd	Ponte Vedra Bch, FL 32082
VCMO	Peter Lee	201 ATP Tour Blvd	Ponte Vedra Bch, FL 32082
S	Kelley Bost	201 ATP Tour Blvd	Ponte Vedra Bch, FL 32082

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 contained in Chapter 119, 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: KRBost Kelley Bost 6-26-09 904-285-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8150