

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DO NOT WRITE IN THIS SPACE

APPLICATION FOR

FLORIDA DEPARTMENT OF STATE

Jim Smith

Division of Corporations

FILED

97 JUN -2 PM 12:17

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P96000091052

The Dugout USA, Inc.  
9111 Ridgeland Drive  
Miami, FL 33157

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

11.6.96

5. FEI Number

65-0730418

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
T	Phil Smith	9111 Ridgeland Dr.	Miami, Fla. 33157
S	Don Miller	14200 SW 153 Place	Miami, FL 33177
P	Leslie Bowe	6820 SW 126 Terrace	Pinecrest, FL 33156
			300002203123--8 -06/05/97--01098--002 ****165.00 ****165.00
			6-3-97

REGISTERED AGENT INFORMATION

B. Name and Address of Current Registered Agent

Nathan D. Clark  
12651 S. Dixie Hwy, Suite 335  
Pinecrest, FL 33156

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

FL.

Zip

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Nathan D. Clark

REGISTERED AGENT MUST SIGN

Date: 4/24/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [Signature]

Date: 4/24/97

Daytime Phone # 305-232-2858

CR20040 (8/92)