

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

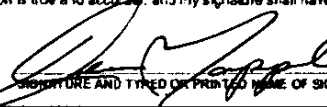
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (10/08)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # H82586 1. Corporation Name D B SPORTS, INC.																											
2. Principal Office Address - No P.O. Box # 9242 CYPRESS COVE DR. Suite, Apt. #, etc.		3. Mailing Office Address 9242 CYPRESS COVE DR. Suite, Apt. #, etc.																									
City & State ORLANDO, FL Zip Country 32819 US		City & State ORLANDO, FL Zip Country 32819 US																									
7. Name and Address of Current Registered Agent Name MAPPLE, DEENA BRUSH Street Address (P.O. Box Number is Not Acceptable) 9242 CYPRESS COVE DR. Suite, Apt. #, Etc. City State Zip Code ORLANDO FL 32819		4. Date Incorporated or Qualified To Do Business in Florida 10/25/1985 5. FEI Number 59-2611062 Applied For ☐ Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ SEE 75 Additional Fee Required																									
☒ 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  Date 11/20/2008 REGISTERED AGENT MUST SIGN																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>MAPPLE, DEENA BRUSH</td> <td>9242 CYPRESS COVE DR.</td> <td>ORLANDO, FL 32819</td> </tr> <tr> <td>VPD</td> <td>MAPPLE, ANDREW H.</td> <td>9242 CYPRESS COVE DR.</td> <td>ORLANDO, FL 32819</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	MAPPLE, DEENA BRUSH	9242 CYPRESS COVE DR.	ORLANDO, FL 32819	VPD	MAPPLE, ANDREW H.	9242 CYPRESS COVE DR.	ORLANDO, FL 32819												
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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:  DEENA MAPPLE, PRESIDENT 11/20/2008 407/876-1693 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																											

[Handwritten initials]