

APPLICATION
FOR
REINSTATEMENT
FOR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

AND
FILED

00 MAR -2 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Fees Payable to: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 354019

BOYKO'S SPORTING GOODS, INC.
6340 BEACH BLVD.
JACKSONVILLE, FL 32216

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida 10/17/1969

4. FEI Number 59-1277273

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
PD	GEORGE A. BOYKO	6340 BEACH BLVD.	JACKSONVILLE, FL 32216
STD	ANN BOYKO	6340 BEACH BLVD.	JACKSONVILLE, FL 32216
300003161289--9 -03/08/00--01007--029 *****8.75 *****8.75			
REINSTATEMENT 81-2580 JAM			
This corporation has liability for intangible tax under section 199.032, Florida Statutes. For intangible tax information call Department of Revenue 904-488-6800.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

GEORGE A. BOYKO
5622 ST. ISABEL DRIVE
JACKSONVILLE, FL 32211

7. Name and Address of New Registered Agent

Name

GEORGE A. BOYKO

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

13775 HILLANDALE DRIVE

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

300003161289--9

City and State

JACKSONVILLE

-03/08/00--01007--030

***2623.75 ***2623.75

8. 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

REGISTERED AGENT MUST SIGN

Date 2-29-00

9. 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

Date 2-29-00

Phone # (904) 724-7616

Typed or printed name of signing officer or director

GEORGE A. BOYKO

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED



\$8.75 Additional Fee
required for a
Certificate of Status