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 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions For Spaces Below Before Making Entries

Fee: Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 465207

University Sport Shop, Inc.
1129 W. University Avenue
Gainesville, FL 32601

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: 08/01/1974

4. FEI Number: 59-1560639

☐ FEI Number Applied For
☐ FEI Number Not Applicable

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

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
			300003161263--0 -03/08/00--01007--028 ******8.75 ******8.75
PD	GEORGE A. BOYKO	13775 HILLANDALE DRIVE	JACKSONVILLE, FL 32225
STD	ANN BOYKO	13775 HILLANDALE DRIVE	JACKSONVILLE, FL 32225

REINSTATEMENT

This corporation has liability for intangible tax under section 199.032, Florida Statutes. [X] Yes [ ] No
For intangible tax information call Department of Revenue 904-488-6800.

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): 300003161263--0 -03/08/00--01007--027

City and State: JACKSONVILLE

Zip Code: FL 32225 ***2501.25 ***2501.25

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: X George A. Boyko Date: 2-29-00

REGISTERED AGENT MUST SIGN

9. I certify that I am an officer or director of 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: X George A. Boyko 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 [X]

$8.75 Additional Fee required for a Certificate of Status