Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
DICK CORPORATION

Certificate of Status	0
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Page Count	02
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FILED
10 OCT 27 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852956

1. Corporation Name
Dick Corporation

REINSTATEMENT 10
CR2E031 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1900 State Route 51	P.O.Box 10896
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pittsburgh, PA	City & State: Pittsburgh, PA
Zip: 15025 Country: USA	Zip: 15236 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: May 1982

5. FEI Number: 25-1355037 ☐ 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: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD

Suite, Apt. # Etc.

City: PLANTATION State: FL Zip Code: 33324

$7 10/28

8. Having accepted the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Alfred Ulrich — REGISTERED AGENT MUST SIGN — Date: 10/27/10

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

Class	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Stephen D'Angelo	1900 State Route 51	Large, PA 15025
Sec	Mike Ambroso	1900 State Route 51	Large, PA 15025
Trea	JoAnne Oechslein	1900 State Route 51	Large, PA 15025

10. E-mail Address: mlsimpson@dckww.com
(To be used for future annual report notification)

11. 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 bringing 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. I further certify the information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: JoAnne Oechslein / JoAnne Oechslein — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/27/10 — Daytime Phone #: 4123841000