

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1 of 2

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000004695**

1. Corporation Name

**GRAND SLAM SPORTS, INC.**

**97AR**

FILED

97 NOV 14 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2448 N. ESSEX AVENUE  
 HERNANDO FL 34442**

Mailing Address  
**2448 N. ESSEX AVENUE  
 HERNANDO FL 34442**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>09/26/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>04-3122248</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PCS	WILLIAMS, JOHN-HENRY	2448 N. ESSEX AVENUE	HERNANDO FL 34442

000002350020--0  
 -11/18/97--01025--009  
 \*\*\*\*165.00 \*\*\*\*165.00

*A. Alan*  
 11/14/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WILLIAMS, JOHN-HENRY  
 2448 N. ESSEX AVENUE  
 HERNANDO FL 34442**

Name  
*Sean F. Murphy*  
 Street Address (P.O. Box Number is Not Acceptable)  
*2448 N. Essex Ave*  
 Suite, Apt. #, Etc.  
 City  
*Hernando*

State  
**FL**  
 Zip Code  
**34442**

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  
*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date  
**11/3/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

*John Henry Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/11/97**  
 Date

**(352) 746-4767**  
 Daytime Phone #

CR2E040 (8/97)

CPA

pg. 2 of 2

SEAN F. MURPHY CERTIFIED PUBLIC ACCOUNTANT

12 Washington Street  
Franklin, MA 02038  
Phone: 508 • 541 • 8500  
Fax: 508 • 541 • 2468

November 4, 1997

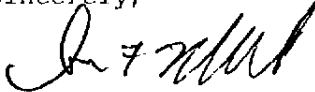
Re: Grand Slam Sports, Inc.

Dear Ms. Allen:

Per our phone conversation today I submit Application for Reinstatement and a check in the amount of \$165. My client Mr. Theodore William's has suffered several strokes in the past few years and has had financial advisors take advantage of him in this situation. I have since been relied upon to take control over all his finances as well as his children's finances. Mr. Steve Southard was fired as controller and he stated to us all forms were prepared and filed on a timely basis.

Based upon the above I thank you for accepting this reinstatement and state that this form will be filed promptly in the future.

Sincerely,



Sean F. Murphy, CPA