
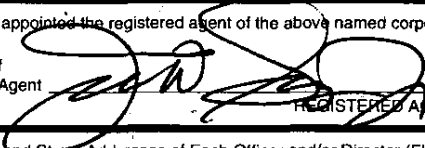


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 NOV 15 AM 8:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <u>F 98 000002851</u>			
1. Corporation Name <u>Trixxe Management Group Inc.</u> <u>SPORTS INC.</u>			
2. Principal Office Address <u>3038 Pinehurst Drive</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1809 Merrittville Highway</u> Suite, Apt. #, etc.	
City & State <u>Lake Worth, FLORIDA</u>		City & State <u>Fonthill, Ontario</u>	
Zip <u>33467-1414</u>	Country <u>USA</u>	Zip <u>LOS 1E6</u>	Country <u>Canada</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>05/20/1998</u>		5. FEI Number <u>650816848</u>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		300042753163 11/15/04--01061--037 **908.75	
7. Name and Address of Current Registered Agent			
Name <u>Joe Simpson</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>3038 Pinehurst Drive</u>			
Suite, Apt. #, Etc. 			
City <u>Lake Worth</u>		State <u>FL</u>	Zip Code <u>33467-1414</u>
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 <u>11/10/04</u>	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>See attached</u>			
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 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: <u>R. Burger</u>		Date <u>10/29/04</u>	Daytime Phone # <u>905-892-6000</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E081 (01/04)

SPORTEXE INC.

OFFICERS / DIRECTORS OF CORPORATION

MARK NICHOLLS

19 MADISON COURT EAST
WELLAND, ONTARIO, CANADA
L3C 7G3

CHAIRMAN & PRESIDENT

RALPH BUERGER

32 DEERPARK
FONTHILL, ONTARIO, CANADA
L0S 1E6

VP / SECRETARY / TREASURER