

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 12 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H53417**

1. Corporation Name

GLOBAL SPORTS, INC.

Principal Place of Business

% WILLIAM H. MANESS
3733 UNIVERSITY BLVD. WEST. SUITE 110
JACKSONVILLE FL 32217

Mailing Address

P. O. BOX 4
JACKSONVILLE FL 32201
US

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

04/15/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2646815

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | GRAY, RICHARD M. | 3733 UNIVERSITY BLVD W. | JACKSONVILLE FL |
| SD | TOMBERLIN, M. C. | 3733 UNIVERSITY BLVD. W. | JACKSONVILLE FL |
| D | MANESS, WILLIAM H. | 118 W ADAMS ST 801 | JACKSONVILLE FL |
| | | | |
| | | | |
| | | | |

8000008941728

11/12/02--01122--013 **750.00

8. Name and Address of Current Registered Agent

MANESS, WILLIAM H.
118 W ADAMS STREET STE 801
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

William H. Maness
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-7-02

11. 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:

Richard M Gray
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02 904.241-0452

Daytime Phone #

CR2E040 (8/02)