PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -7 PM 4:30

DOCUMENT # **M99584**

1. Corporation Name

FLORIDA SPORTS GROUP, INC.

Principal Place of Business	Mailing Address
~~4944 WOODRIDGE DR~~ ~~CALLAHAN FL 32011~~ US	~~4944 WOODRIDGE DR~~ ~~CALLAHAN FL 32011~~ US

If above addresses are incorrect in any way, line through incorrect information and enter correction below. REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3840 Crown Point Rd, ste	3840 Crown Point Rd, ste
Suite, Apt. #, etc.: # B	Suite, Apt. #, etc.: # B
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32257 Country: USA	Zip: 32257 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/1988

5. FEI Number: 59-2906901 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	HOLDER, MICHAEL G.	4944 WOODRIDGE DR	CALLAHAN FL
ST	PITTS, SUSAN C	3840 CROWN POINT ROAD	JACKSONVILLE FL 32257
VPD	HOLDER, JASON PAUL	12801 KELSEY ISLAND DR	JACKSONVILLE FL 32224
D	PITTS, WILLIAM G	3840 CROWN POINT ROAD	JACKSONVILLE FL 32257

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-11/29/01--01043--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PITTS, SUSAN C 3840 CROWN POINT ROAD JACKSONVILLE FL 32257	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: Susan Pitts Date: 10/16/01
REGISTERED AGENT MUST SIGN

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: Michael G Holder MICHAEL G. HOLDER PRES. 11/2/01 904 262-4282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #