

2001 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N00000001586

1. Corporation Name

E-SPORTS USA, INC.

FILED

01 NOV -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

120 PALM BAY CT.
PONTE VEDRA BEACH FL 32082

Mailing Address

P.O. BOX 341
PONTE VEDRA BEACH FL 32004

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

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

333 S. Mill View Way

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/2000

5. FEI Number

593632911

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	EARLY, TIMOTHY M	120 PALM BAY CT.	PONTE VEDRA BEACH FL 32082
D	EARLY, MARIA S	120 PALM BAY CT.	PONTE VEDRA BEACH FL 32082
D	EARLY, ROBERT M	112 BUCK ISLAND CT. PO Box 542290	PONTE VEDRA BEACH FL 32082 Merrill Island, FL 32954

8. Name and Address of Current Registered Agent

EARLY, TIMOTHY M
120 PALM BAY CT.
PONTE VEDRA BEACH FL 32082

Change

9. Name and Address of New Registered Agent

Name

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

333 S. Mill View Way

Suite, Apt. #, Etc.

Ponte Vedra Beach

State
FL

Zip Code
32082

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

Timothy M. Early

REGISTERED AGENT MUST SIGN

Date

10/18/01

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)(l), 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:

Timothy M. Early
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/01
Date

904-285-8225
Daytime Phone #

CR2E040 (8/01)