

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 10 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008947

1. Corporation Name

25-Sports Foundation

2. Principal Office Address

751 Shipwatch Drive

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32225

Country

USA

3. Mailing Office Address

1117 Peachtree Walk

Suite, Apt. #, etc.

Suite 125

City & State

Atlanta GA

Zip

30309

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3760523

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Larry Williamson

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

751 Shipwatch Drive

Suite, Apt. #, Etc.

City

Jacksonville

400040020994

08/10/04--01005--002 **308.25

State

FL

Zip Code

32225

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

Larry Williamson

REGISTERED AGENT MUST SIGN

Date

8/5/04

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
President (P)	Fernando Bryant	751 Shipwatch Drive	Jacksonville, FL 32225
Chairman (D)	Keshia Walker	1117 Peachtree Walk, Ste 125	Atlanta, GA 30309
Director (D)	Brandi Scott	1117 Peachtree Walk, Ste 125	Atlanta, GA 30309
Foundation Program Manager (D)	Larry Williamson	751 Shipwatch Drive	Jacksonville, FL 32225

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/04

Date

4042292801

Daytime Phone #