PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 99-01 UBR

FLORIDA DEPARTMENT OF STATE
[illegible] Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 24 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004293

1. Corporation Name
Hang Time Sports Inc

W01-19086

2. Principal Office Address	3. Mailing Office Address
2220 NW 18th Street	P.O. Box 721
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34475 Country: USA	Zip: 34478 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: July 24, 1998

5. FEI Number: 59-3525477 — 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: Richard Bell

Street Address (P.O. Box Number is Not Acceptable): 2220 NW 18th Street

Suite, Apt. #, Etc.:

City: Ocala State: FL Zip Code: 34475

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*****183.75 *****83.75
LS

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: Richard Bell — REGISTERED AGENT MUST SIGN — Date: 7-29-01

CR2E051 (9/00)

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
T/P/D	Richard Bell	P.O. Box 721	Ocala, FL 34478
T/V/S	Kimberly Pompey	P.O. Box 5454	Ocala, FL 34478
T	Vincent Harris	P.O. Box 721	Ocala, FL 34478

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: Richard Bell — 7-29-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #