## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000071178

4626 LENOX AVNUE

JACKSONVILLE, FL 32205

Address:

City-St-Zip:

FILED Sep 27, 2006 Secretary of State

Entity Name: BAKER'S SPORT'S, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	OX AVENUE VILLE, FL 32:	205			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	OX AVENUE VILLE, FL 32:	205			
FEI Number:	59-3663358	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
BAKER, G 5442 GREI CALLAHAN		US	BAKER, GARY 45328GREEN AVE CALLAHAN, FL 32011	US	
The above in the State	named entity of Florida.	submits this statement for the p	urpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: GARY BAKER				09/27/2006	
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not g Trust Fund Contribution (  ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP ( CARROLL, TIF 4626 LENOX A JACKSONVILL	VENUE	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( BAKER, JOSH 4626 LENOX A JACKSONVILL	VENUE	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( CARROLL, TIF 4626 LENOX A JACKSONVILL	VENUE	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name:	P ( BAKER, JOSH	) Delete UA S PRES	Title: ( ) Name:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TIFFANY CARROLL VΡ 09/27/2006