2006 FOR PROFIT CORPORATION REINSTATEMENT

Maling Address Maling Maling Address Maling Address Maling Address Maling M	DOCUMENT # P01000010730 1. Entity Name PRO SPORTS PLUS, INC.						7	06 HAY 12 /M 8: 38				
Sulte, April 4, utc. Sulte, April 4, utc. Sulter S	1070 PALM	COAST PKW	Y. NW	1070 PALM COAST PK		firs:	TALLEMAN ELLER MIDA					
Suite, April #, etc. Suite, April #, etc.												
City & State Country 20	Suite, Apt.	#. etc.		Suite, Apt. #, etc.	WY NU	05082009	ATEN	A EARL	8 (11/05)	05:0k		
See Address of Current Registered Agent 6. Name and Address of Current Registered Agent DUNCAN, DONALD W ESQ 25-B FLORIDA PARK DR. N. PALM COAST, FL 32137 8. The above named uptry submits this stayment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept into obligations of the proof of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept into obligations of the proof of the purpose of changing its registered agent agent we required when residency SIGNATURE FILE NOW!!! FEE 18 300.00 FILE NOW!!! FEE 18 300.00 FILE NOW!! FEE 18 300.00 DOPE CERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OPPICERS AND DIRECTORS IN 11. NAME ANKROM, CHARLES BOVA JR SIGNAT JRB NAME ANKROM, CHARLES BOVA JR SIGNAT JRB NAME ANKROM, WEND IB ANKROM, WEND IS ANKROM, COAST, FL 32137 Blee IS ANKROM, COAST, FL 32137 Blee IS ANKROM, WEND IS ANKROM, WEND IS ANKROM, COAST, FL 32137 Blee IS ANKROM, WEND IS	City & State	e		City & State	2017							
Some and Address of Current Registered Agent Control Control	Zíp	Country Zip			Coun	' Country			\$8.75 Additional			
STORMATURE Delte TITLE Delte Delte Delte TITLE Delte Delte Delte TITLE Delte Delte Delte TITLE Delte Delte Delte TITLE Delte Delte Delte Delte TITLE Delte D		6. Name	and Address of Current I		<u> </u>		7. Name and	d Address of Nev	v Registered Ag	jent		
8. The above named optiny submits this stagment for the purpose of changing its registered agent, or both, in the State of Ficrida. I am /amiliar with, and accept the obligations of kyclipted segment on the purpose of changing its registered Agent signature required when reinstating) SIGNATURE	DUNCAN, DONALD W ESQ 25-B FLORIDA PARK DR. N. PALM COAST FL 32137											
SIGNATURE Signature Signa						Va Va	lin Cous	+	FL	32	137	
FILE NOW!! FEE 19300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10.	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations divergistered agent.											
Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE D ANKROM, CHARLES BOVA JR MAME MANE ANKROM, CHARLES BOVA JR 1070 PALM COAST, FL 32137 Delete TITLE D ANKROM, WENDI B DELET NOTICES STREET ADDRESS OTY-ST-2P TITLE D ANKROM, WENDI B MAME SIRET ADDRESS OTY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE MAME SIRET ADDRESS OTY-ST-2P TITLE MAME SIRE	SIGNATURE											
TITLE NAME NAME NAME NAME NAME NAME OTV-ST-2P STREET ADDRESS OTV-ST-2P	FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										F.S., the otice.	
NAME SIREET ADDRESS OITY-ST-2P TITLE DAMK COAST, FL 32137 TITLE DAMK COAST, FL 32137 TITLE ANKROM, WENDI B SIREET ADDRESS OITY-ST-2P TITLE DEVELOPE SIREET ADDRESS OITY-ST-2P TITLE Delete NAME NAME SIREET ADDRESS OITY-ST-2P TITLE Delete TITLE Delete NAME SIREET ADDRESS OITY-ST-2P TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete De	10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO O	FFICERS AND [DIRECTORS	IN 11	
SIREET ADDRESS CITY-ST-2P PALM COAST, FL 32137 TITLE D ANKROM, WENDI B 1070 PALM COAST, PKWY, NW PALM COAST, PKWY				☐ Delete		l l				Change	☐ Addition	
CITY-ST-2IP PALM COAST, FL 32137 CITY-ST-2IP ITILE OANKROM, WENDI B ANKROM, WENDI B STREET ADDRESS CITY-ST-2IP TITLE OBelee ITILE OANAE OS/25/06—01014—007 ***300.00 STREET ADDRESS CITY-ST-2IP TITLE OBelee ITILE OBERET ADDRESS CITY-ST-2IP TITLE OBERET ADDRESS CITY-S												
SIREET ADDRESS CITY-ST-2IP TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP COTY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP COTY-ST-2IP COTY						i i						
SIREET ADDRESS CITY-ST-2IP TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP COTY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP COTY-ST-2IP COTY	TITLÉ	D Delete TITI					1		75,25	Change:	Addition	
SIREET ADDRESS CITY-ST-2IP TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP COTY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP COTY-ST-2IP COTY			-				05/	05/25/0601		17 **	300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE							5		- "			
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRE	·· · · · · · · · · · · · · · · · · · ·	T ALW CC	7.701,112 32137	☐ Delete	_					Change	Addition	
CITY-ST-ZIP TITLE Delete ITTLE NAME NAME STREET ADDRESS STRE				books								
ITILE NAME STREET ADDRESS CITY-ST-ZIP TILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE												
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY				□ Delate						Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP				□ Detete		· I				onange		
ITILE Delete TITLE TITLE Delete TITLE TITLE Delete TITLE TITLE Delete Delete TITLE Delete Delete Delete Delete Delete Delete D												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **STREET ADDRESS** CITY-ST-ZIP **STREET ADDRESS** CITY-ST-ZIP **STREET ADDRESS* CI												
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **STREET ADDRESS** CITY-ST-ZIP 17. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed. **SIGNATURE*** **SIGNATURE*** **SIGNATURE*** **SIGNATURE*** **SIGNATURE*** **SIGNATURE** **SIGNATUR				☐ Delete						Change	Addition	
ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **TOTAL** **TOTA												
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **STREET ADDRESS** CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed in the corporation of the receiver or trustee empowered. **SIGNATURE** **SIGNATURE** **Total Corporation or the receiver or trustee empowered in the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report as if a corporation or the receiver or trustee empowered and the exemption of the exemption of 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 and the exemption of th	CITY-ST-ZIP				CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **TOTAL** **TOTAL**				☐ Delete						Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:									•			
indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:			•									
	indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Daytime Phone #	SIGNAT	URE:X	ILL MA	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				K 810				
		— ų –	SIGNATURE AND TYPED OR F	RINTED NAME OF SIGNING OFFICE	R OR DIREC	FOR		Date	Da-	time Phone #		

- --- MAV 1 9 2006