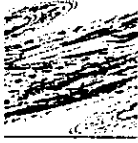


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 15 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039778

1. Corporation Name

BA SPORTS PRODUCTIONS INC.

REINSTATEMENT 02-03

500024451905
11/05/03--01059--009 **300.00

2. Principal Office Address

10954 SW 38 Avenue

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34476

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

Country

USA

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

04/19/2001

5. FEI Number

59-3711367

Applies 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

Kenneth Brady Ackerman

President

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

10954 SW 38 Avenue

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34476

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

Brady Ackerman President
REGISTERED AGENT MUST SIGN

Date 11/22/03

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
Mr.	Kenneth Brady Ackerman President	10954 SW 38 Avenue	Ocala, Florida 34476

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 119.073(3)(a), 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:

Brady Ackerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-03

Date:

Daytime Phone:

CR2E081 (10-02)