## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

3 6	RPORATION (STATEMENT	FI	ORIDA DEPARTMENT ( Secretary of State DIVISION OF CORPORATION	Э		FILE  03 SEP 22	PM 2: 10	)
DOCUMENT # 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Sportsdeals Corporation  #P01000080770.  2. Principal Office Address  8741 NW 39th Street 8741 NW 39th Street Suite, Apt. #, etc.  City & State  Sunrise, 71  Zip  Country  33351 U.S. 3335/ U.S.					400023238104 09/22/0301061003 ***900.00  4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number			
7. Name and Address of Current Registered Agent								
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.  City  Sunrise  FL 3335/								3
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  REGISTERED AGENT MUST SIGN								
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		
20	Youkene Decl 8741-NW 39st-					-Sunrise, 71	<u>′ 333</u> 3	-/
VD	Yanique	Dec. !	8741 NW	39H S	teet	Sunrise, 71	3335	/
SD	TYANE L	Deal_	8741 NW	39th 5	heet	Sunrise, 71	<u></u>	/
TD	Mitcheli	Perry	8741 NW	35+6_	street	Sunrise, 7	/ 3335	-/
			***		-		_	
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  Date  Date  Date  Daytime Phone #								