PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TELACE READ ALE INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
CORPORATION REINCLAND	B	DEPARTMENT OF STATE Jim Smith State Herry of State Herry of Corporations	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <i>P01000108759</i> 1. Corporation Name			TO A SECTION ASSESSMENT OF THE SECTION ASSES
FOR THE LOVE OF SPORTS INC.			
2. Principal Office Address	3. Mailing Offi	ira Addrasa	500009803475 01/03/0301019014 **300.00
P.O. BOX 61203 Suite Apt. #, etc.	i 🕳	BOX 61203	3
City & State	City & State		4. Date Incorporated or Qualified ——To Do Business in Florida ——//-/-/3-/200/
Jacksonville 7L Zip Country 32236 Duval:	Zip	onville 71.	5. FEI Number Applied For 03-037-3423 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required
32256 JUVAL		- 1	for a Certificate of Status
Name PATRICIA A. CARTER Street Address (P.O. Box Number is Not Acceptable),			
3078 West 15th Street Suite, Apt. #, Etc.			
TACKSONVILLE State Zip Code FL 32254			
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 Patricia Patr			
9. Names and Street Addresses of Each Officer			at least 2 disasters)
Titles Name of Officers and/or Director	"	Street Address of E Officer and/or Dire	Each
DT - Rodney Johnson	, A. E	3000 RHONE	Court Jacksonville 7.1. 32208
		·.	
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: Patricia A. CARTER 12/22/02 (904) 598-0880 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #			

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For the of SPORTS, Inc.

DECEMBER 22, 2002

CEO. PATRICIA A. CARTER

CEO-Mrs. Patricia Carter P O Box 61203 Jacksonville, FL 32236 (904)598-0880 or (904)949-0934