FROM : Panasonic FAX SYSTEM PHONE NO. : Jan. 06 2004 03:14PM P3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -3 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000070853**

1. Corporation Name

ADVANCED SPORTS INFORMATION SERVICES, INC.

Principal Place of Business	Mailing Address
1844 NORTH NOB HILL ROAD #295 PLANTATION FL 33317	1844 NORTH NOB HILL ROAD #295 PLANTATION FL 33317

REINSTATEMENT 03-04

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/26/2002

5. FEI Number: 04-3699116 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 [illegible]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	DARIN T. MC MAHON	1844 NORTH NOB HILL RD #295	PLANTATION FL 33317

800029817538
03/03/04--01054--017 **300.00

8. Name and Address of Current Registered Agent

MCMAHON, DARIN T
~~7479 NW 4TH STREET~~ → change of Address →
~~PLANTATION FL 33317~~

9. Name and Address of New Registered Agent

Name: McMahon Darin T
Street Address (P.O. Box Number is Not Acceptable): 1844 N. NOB HILL RD.
Suite, Apt. #, Etc.: #295
City: Plantation State: FL Zip Code: 33322

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Darin McMahon 1-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #