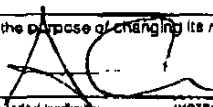
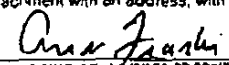


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 30 AM 10:35

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082892			
1. Entity Name PRO-SPORTS INVESTORS, INC.			
Principal Place of Business 21000 BOCA RIO ROAD # A9 BOCA RATON, FL 33433		Mailing Address 21000 BOCA RIO ROAD # A9 BOCA RATON, FL 33433	
2. Principal Place of Business - No P.O. Box # 1777 Reisterstown Road Suite, Apt. #, etc. 365		3. Mailing Address 1777 Reisterstown Road Suite, Apt. #, etc. 365	
City & State Pikesville, MD		City & State Pikesville, MD	
Zip 21208	Country USA	Zip 21208	Country USA
4. Name and Address of Current Registered Agent FRANKLIN, ANDREW B 21000 BOCA RIO RD # A9 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Anthony Cruz Street Address (P.O. Box Number is Not Acceptable) 6500 NW 12 Ave 104 City Ft Lauderdale FL Zip Code 33309	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. 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 of registered agent. SIGNATURE  DATE 4/8/07 (Signature, typed or printed name of registered agent and type of corporation) (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANKLIN, ANDREW B 21052 MARIGOT DRIVE BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12620 Mount Laurel Court Reisterstown, MD 21136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LABELL, BARRY 9639 SAVONA WINDS DRIVE DELRAY BEACH, FL 33446 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500104255235 06/12/07--01012--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:  Andrew Franklin		4-1-07 800-543-6250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

Andrew Franklin

5/8/07

800-543-6250