2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 MAY 30 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082892

1. Entity Name
PRO-SPORTS INVESTORS, INC.

Principal Place of Business	Mailing Address
21000 BOCA RIO ROAD # A9 BOCA RATON, FL 33433	21000 BOCA RIO ROAD # A9 BOCA RATON, FL 33433

03212007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1777 Reisterstown Road	1777 Reisterstown Road
Suite, Apt. #, etc. 365	Suite, Apt. #, etc. 365
City & State Pikesville, MD	City & State Pikesville, MD
Zip / Country 21208 / USA	Zip / Country 21208 / USA

4. FEI Number
22-3866805
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANKLIN, ANDREW B 21000 BOCA RIO RD # A9 BOCA RATON, FL 33433	Name: Anthony Cruz Street Address (P.O. Box Number is Not Acceptable): 6300 NW 12 Ave 104 City: Ft Lauddle FL Zip Code: 33309

8. 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 title if applicable (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 21852 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	$766	☐ 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 REINSTATEMENT 06-07
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 119, 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 — Andrew Franklin — 4-1-07 — 800-543-8250
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Andrew Franklin, Andrew Franklin — 5/8/07 — 800-543-8250