

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -7 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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11/07/03--01055--025 \*\*750.00

**REINSTATEMENT** 03

<b>CORPORATION REINSTATEMENT</b>	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000082892

1. Corporation Name

PRO-SPORTS INVESTORS, INC.

2. Principal Office Address		3. Mailing Office Address	
21000 BOCA RIO ROAD		1121 S MILITARY TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
8		366	
City & State		City & State	
BOCA RATON, FL		DEERFIELD BEACH, FL	
Zip	Country	Zip	Country
33433	USA	33442	USA

4. Date Incorporated or Qualified  
To Do Business in Florida 07/30/2002

5. FEI Number 22-3866805  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
ANDREW B. FRANKLIN  
Street Address (P.O. Box Number is Not Acceptable)  
1121 S MILITARY TRAIL  
Suite, Apt. #, Etc.  
366  
City  
DEERFIELD BEACH

State Zip Code  
FL 33424

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

*Andrew Franklin*

Date 11/4/03

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 Officers and/or Director	City/State/Zip
P	ANDREW B. FRANKLIN	21852 MARIGOT DRIVE	BOCA RATON, FL 33428
VP	BARRY LABELL	9639 SAVONA WINDS DRIVE	DELRAY BEACH, FL 33446

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:

*Andrew Franklin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/03

Daytime Phone #