




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000107474			
1. Corporation Name ALL COURT SPORTS, INC.			
2. Principal Office Address 7567 OVERLOOK DR. Suite, Apt. #, etc.		3. Mailing Office Address 7567 OVERLOOK DR. Suite, Apt. #, etc.	
City & State LAKE WORTH, FL.		City & State LAKE WORTH, FL.	
Zip 33467	Country USA	Zip 33467	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 51-0431122	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name SKELTON, SAM			
Street Address (P.O. Box Number is Not Acceptable) 7567 OVERLOOK DR.			
Suite, Apt. #, Etc.			
City LAKE WORTH		State FL	Zip Code 33467
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 		Date 4/27/04	
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 Officer and/or Director	City / State / Zip
D	SKELTON, SAM	7567 OVERLOOK DR.	LAKE WORTH, FL. 33467
D	BRADFORD, MICHAEL	6389 RANCHES RD.	LAKE WORTH, FL. 33463
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: 		4/27/04 561-433-4994	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
04 APR 30 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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