PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 13 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT on-08

500136876405
10/13/08--01045--001 **300.00

CR2E081 (10/08)

DOCUMENT # P03000020423

1. Corporation Name: Huey Sports Inc.

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
5044 NW 80th Terr	5044 NW 80th Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, Fla	City & State: Coral Springs, Fla
Zip: 33067 Country: USA	Zip: 33067 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: March 7th 2003

5. FEI Number: 650500838566 ☐ 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: Harris Steinhart

Street Address (P.O. Box Number is Not Acceptable): 5044 NW 80th terrace

Suite, Apt. #, Etc.:

City: Coral Springs, Fla | State: FL | Zip Code: 33067

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Harris Steinhart — Date: 10-9-08

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
Pres	Harris Steinhart	5044 NW 80th Terr	Coral Sp Fla 33067
VP	Bret Steinhart	5044 NW 80th Terr	Coral Sp Fla 33067
Sec	Nancy Steinhart	5044 NW 80th Terr	Coral Sp, Fla. 33067

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 contained in Chapter 119, 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: Harris Steinhart — 10-9-08.

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Corporate Name

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