PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE CORPORATION 07 SEP 21 PM 1: 17 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECKE WAY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # \$\int 0.5000124145\$ Corporate Hoops Inc. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3267 Fawnwood Drive 3267 Fawnwood Drive CR2E081 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 9/08/2005 To Do Business in Florida City & State City & State 20-3534615 Ocoee FL Ocoee FL Not Applicable 34761 Country Country 34761 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required Orange Orange for a Certificate of Status 7. Name and Address of Current Registered Agent Socrate Exantus √ The reinstatement fee is imposed, except in circumstances which the entity did not receive Street Address (P.O. Box Number, is Alot Acceptable) 3267 Fawnwood Drive the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Öcoee FL 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers and/or Directors City / State / Zip Officer and/or Director Ocoee, FL 34761 President Socrate Exantus 3267 Fawnwood Drive Ocoee, FL 34761 **VP** 3267 Fawnwood Drive Cassandra Exantus REINSTATEMENT 09-07 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 filling 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: