

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JAN -7 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706000102268

1. Corporation Name

Athletes First Inc

2. Principal Office Address - No P.O. Box #

2322 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite 301

City & State

Miami, FL

Zip

33134

Country

USA

3. Mailing Office Address

c/o 244 Peters Street

Suite, Apt. #, etc.

25

City & State

Atlanta

Zip

GA

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** August 7, 2006

5. FEI Number

☒ 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

William W. McCandless c/o Alex Fraser

Street Address (P.O. Box Number is Not Acceptable)

2322 Ponce De Leon Blvd

Suite, Apt. #, Etc.

Suite 301

City

Miami

State

FL

Zip Code

33134

☐ 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

REGISTERED AGENT MUST SIGN

Date January 4, 2010

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
Mr.	William W. McCandless, Jr.	244 Peters Street, #25	Atlanta, GA 30313

REINSTATEMENT

RH

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:

1-4-2010