2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000039708

6 OLD KINGS ROAD

PALM COAST, FL 32137

Address:

City-St-Zip:

Entity Name: DCW SPORTS, INC.

FILED Sep 30, 2009 Secretary of State

Littly Na	ille. DOW SPC	JK 13, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	IGS ROAD N. AST, FL 32127	US			
Current M	lailing Address	s:	New Mailing Address:	New Mailing Address:	
	IGS ROAD N. AST, FL 32127	US			
FEI Number	: 20-8780860	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
GRACEY, JAMES F 6 OLD KINGS ROAD N. PALM COAST, FL 32127 US			6 OLD KINGS ROAD N.	GRACEY, JAMES F PRES 6 OLD KINGS ROAD N. PALM COAST, FL 32127 US	
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JAMES F GRACEY				09/30/2009	
	Electroni	c Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () GRACEY, JAME 6 OLD KINGS R PALM COAST, F	OAD N.	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () GRACEY, KELL' 6 OLD KINGS R PALM COAST, F	OAD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	T () GRACEY, JAME 6 OLD KINGS R PALM COAST, F	OAD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	S () GRACEY, KELL	Delete Y F	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAMES F GRACEY PRES 09/30/2009