2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P07000050780** 2008 NOV 17 PH 2: 14 THE BOSS MAN SPORTS BAR, INC. SECRETARY OF STATE TALLAHASSEE, FLORID? Mailing Address Principal Place of Business 1120 DERBYSHIRE ROAD 1120 DERBYSHIRE ROAD HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10312008 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For - Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KNOUSE, DONALD J Street Address (P.O. Box Number is Not Acceptable) 1120 DERBYSHIRE ROAD HOLLY HILL, FL 32117 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations distered agent. SIGNATURE Signature, typed or printed name of registered agent (NOTE: Registered Agent signature required when reinstating) d title il applicable FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. P. D ☐ Change TITLE Delete TITLE ☐ Addition KNOUSE, DONALD J NAME NAME STREET ADDRESS 1120 DERBYSHIRE ROAD STREET ADDRESS HOLLY HILL, FL 32117 CITY-ST-ZIP CITY-ST-ZIP TITLE VP ☐ Delete TITLE □ Change ☐ Addition KNOUSE, JAY A NAME NAME 1120 DERBYSHIRE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLY HILL, FL 32117 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RELIASIATEM TITLE ☐ Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: