

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 11 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400104425944
06/15/07--01032--005 **1058.75

DOCUMENT # **P93000001062**

1. Corporation Name

MLXL Sportsweat Incorporated

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

1855 TOWNA ST.

Suite, Apt. #, etc.

—

City & State

JACKSONVILLE, FL

Zip

32206

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

—

City & State

—

Zip

—

Country

—

REINSTATEMENT

0507 CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-30-92

5. FEI Number

59-3145366

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

**RICHARD C. KEENE
ATTORNEY, P.A.**

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

1122 Third St. (Suite 6)

Suite, Apt. #, Etc.

Neptune Beach, FL 32266

City

(904) 247-1600

(Fax) 247-1698

State

FL

Zip Code

32266

☐ 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

Richard C. Keene

Date

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
PD	PETER J. MALLOY, III	1855 TOWNA ST.	JACKSONVILLE, FL 32206
TD	MICHAEL BROWN	1205 MARIE ST.	JACKSONVILLE, FL 32259

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter J. Malloy III
PETER J. MALLOY III

Michael A. Brown
Michael A. Brown

Date

5-30-07 350-0048

Daytime Phone # (402)