

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000062603

1. Entity Name
D & D SPORTS, INC.



Principal Place of Business
**2667 S. WOODLAND BLVD.
DELAND, FL 32724**

Mailing Address
**2667 S. WOODLAND BLVD.
DELAND, FL 32724**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

FILED
08 NOV 10 PM 2:40
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



10282008 REIN-P CR2E098 (1/07)

4. FEI Number
59-3214815

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DOLYAK
2667 SOUTH WOODLAND BOULEVARD
DELAND, FL 32720**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLYAK, JOE 2667 S. WOODLAND BLVD. DELAND, FL 32724 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000137787090 11/10/08--01041--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLYAK, GEORGIA 2667 S. WOODLAND BLVD. DELAND, FL 32724 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLYAK, CHAD 2667 S WOODLAND BLVD DELAND, FL 32724 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT

[Signature]

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 subsequent 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 of the corporation; 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.

SIGNATURE: *[Signature]* SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/28/08** Daytime Phone # **386-820-4633**