CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 JUN -1 PM 1:43

DOCUMENT # *P 94000037968*

1. Corporation Name

YOUR TURN SPORTS, INC.

W01-1933

REINSTATEMENT *98-01*

2. Principal Office Address *2626 PGA BLVD.*	**3.** Mailing Office Address *2626 PGA BLVD*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State *PALM BEACH GARDENS, FLA*	City & State *PALM BEACH GARDENS, FL*
Zip *33410*	Country

4. Date Incorporated or Qualified To Do Business in Florida *5/19/94*   **SP**
5. FEI Number *65-0493902*   Applied For___ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

| | Zip *33410* | Country |

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-06/21/01--01050--020
***1200.00  ***1200.00
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7. Name and Address of Current Registered Agent

Name
MICHAEL F. KING

Street Address (P.O. Box Number is Not Acceptable)
2626 PGA BLVD

Suite, Apt. #, Etc.

| City *PALM BEACH GARDENS* | State **FL** | Zip Code *33410* |

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 *Michael F. King*
REGISTERED AGENT MUST SIGN

Date *4-30-01*

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
1)	*MICHAEL F KING*	*2626 PGA BLVD*	*PALM BEACH GARDENS, FL 33410*

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 under section 119.07(3)(i), 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: *Michael F. King*   *4/30/01*   *561-775-2100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/99)