

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-03

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02/24/03--01094--010 **1200.00

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P94006074600</u>			
1. Corporation Name <u>SYNERGY SPORTS MARKETING USA, INC.</u>			
2. Principal Office Address <u>7575 DR. PHILLIPS BLVD</u> <u>Suite, Apt. #, etc.</u> <u>220</u>		3. Mailing Office Address <u>SAME</u>	
City & State <u>ORLANDO, FL</u>		City & State <u>SAME</u>	
Zip <u>32819</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>DON RATLIFF</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>7575 DR. PHILLIPS BLVD.</u>			
Suite, Apt. #, Etc. <u>SUITE 220</u>			
City <u>ORLANDO</u>	State <u>FL</u>	Zip Code <u>32819</u>	

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 <u>Donald Ratliff</u>	Date <u>2/14/03</u>
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
Chairman	Dick Eyehner	4410 North S.R. 7	Ft Lauderdale FL 33319
CEO	Don Ratliff	9034 Crichton Woods	Orlando FL 32819
Sec	Bill Schwartz	12607 Denmark Dr	Herndon VA 20171
Board Member	Steve Norton	Woodcock House Gibbard Mews	Wimbledon Village UK SW19-5BY
Board Member	Chris Sheard	6808 Caravan Ct	Columbia, Md 21044

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: <u>Donald Ratliff</u>		DATE <u>2/14/03</u>	DAYTIME PHONE # <u>(407) 352-8290</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

2/3/7