

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
06 JUL 27 PM 3:38

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000025347**

1. Corporation Name

UNIVERSAL SPORTS MANAGEMENT, INC.

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address 3210 EMERALD PT DRIVE Suite, Apt. #, etc. 109 B City & State HOLLYWOOD, FLORIDA Zip 33021 Country USA		3. Mailing Office Address 3210 EMERALD PT DRIVE Suite, Apt. #, etc. 109 B City & State HOLLYWOOD, FLORIDA Zip 33021 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 3/23/95	
5. FEI Number 65-0564712	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 JONATHAN GROSSMAN	
Street Address (P.O. Box Number is Not Acceptable) 3210 EMERALD PT DRIVE	
Suite, Apt. #, Etc. 109 B	
City HOLLYWOOD	State FL Zip Code 33021

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 **Jonathan Grossman** Date **7/19/06**

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
PRES	JONATHAN GROSSMAN	3210 EMERALD PT DRIVE	HOLLYWOOD, FL 33021

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: **Jonathan Grossman** **7/19/06** **984-610-0036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #