PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 26 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032022

1. Corporation Name BRAC'N SPORTS, INC

Principal Place of Business / Mailing Address
6680 MAYBROOK Rd
BOYNTON BEACH FLORIDA 33437

000002782540--3
-03/02/99--01076--004
***1050.00 ***1050.00

REINSTATEMENT 97-99-

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6680 MAYBROOK Rd	6680 MAYBROOK Rd
Suite, Apt. #, etc. NONE	Suite, Apt. #, etc. NONE
City & State BOYNTON Beach FLA	City & State BOYNTON Beach FLA
Zip 33437 Country PALM Beach	Zip 33437 Country PALM Beach

4. Date Incorporated or Qualified To Do Business in Florida [redacted]

5. FEI Number 65-0582025 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	RONALD RALL	6680 MAYBROOK Rd	Boynton Bch FLA 33437
SECT VP	CAROL RALL	6680 MAYBROOK Rd	Boynton Bch FLA 33437

8. Name and Address of Current Registered Agent
RONALD RALL
6680 MAYBROOK Rd
Boynton Bch FLA 33437

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City — State FL — Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN — Date 2/25/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/25/99 Date — FAX #561-734-4674 PHONE # 561-734-4534 Daytime Phone #

CR2E041 (2/98)