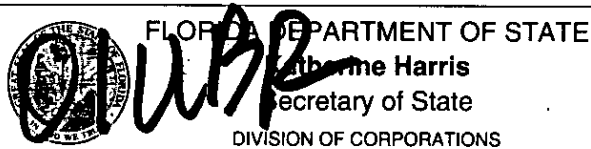


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 28 PM 4:00

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000042616

1. Corporation Name

SPORTSMETER, INC.

Principal Place of Business

5401 KIRKMAN ROAD, SUITE 610
ORLANDO FL 32819

Mailing Address

5401 KIRKMAN ROAD, SUITE 610
ORLANDO FL 32819



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/13/1996

5. FEI Number

59-3450812

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	4 City / State / Zip
P	METER, DAVID A	5401 KIRKMAN ROAD, SUITE 610	ORLANDO FL 32819

500004785215--2
-01/18/02--01072--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent

METER, DAVID
5401 KIRKMAN ROAD, SUITE 610
ORLANDO FL 32819

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 David A. Meter Date 12/26/01
REGISTERED AGENT MUST SIGN

11. 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: David A. Meter Date 12/26/01 Daytime Phone # 407 718-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

AD



December 26, 2001

Dear Division of Corporations:

I am writing this letter to request a waiver of the reinstatement fee. I have enclosed my annual report fee of \$150.00. I spent part of the spring in a **coma** due to a life-threatening bout with encephalitis and I did not receive any notices. I suffered with short term and long-term memory loss. My family moved me into a new apartment and I came across a Dissolution notice in a box last week. I called up your office the day after Christmas and explained the situation and they told me just to enclose a letter explaining why I didn't receive the notices and was unable to file my report.

I apologize for any inconvenience and truly appreciate your time and consideration.
Thank you.

Best Regards,

A handwritten signature in black ink that reads "David A. Meter". The signature is written in a cursive style with a large initial "D".

David A. Meter