

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000044673
1. Corporation Name Joe's Sporting Goods, Inc.

2. Principal Office Address

148 E. Flagler Street
Suite, Apt. #, etc.

3. Mailing Office Address

710 S. Dixie Highway
Suite, Apt. #, etc.

City & State

Miami, Florida

Zip 33131 Country USA

City & State

Coral Gables, Florida

Zip 33146 Country USA

REINSTATEMENT PA-00

4. Date Incorporated or Qualified
To Do Business in Florida

6-3-96

5. FEI Number

65-0675132

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Fernando S. Aran, Esquire

Street Address (P.O. Box Number is Not Acceptable)
710 South Dixie Highway

Suite, Apt. #, Etc.

City Coral Gables

State

FL

Zip Code

33146

100003161441-4

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****300.00 ****300.00

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

[Signature]
Fernando S. Aran

REGISTERED AGENT MUST SIGN

Date 3/2/2000

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
P	Danny Salzverg	148 E. Flagler St.	Miami, FL 33131
S/T	Michael Salzverg	148 E. Flagler St.	Miami, FL 33131

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:

Danny Salzverg.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2000 (305) 530-2895

Date

Daytime Phone #