PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 12 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066777

1. Corporation Name: Southern Sports Retail Enterprises, Inc.

Principal Place of Business
~~503 Brent Lane~~
Pensacola, FL ~~32504~~

Mailing Address

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
5060 Bayou Boulevard		P.O. Box 940	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pensacola, FL		City & State: Gulf Breeze, FL	
Zip: 32504	Country: USA	Zip: 32562	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/9/96

5. FEI Number: 59-3402382 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addressos 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	DAVID T. CLARK	Suite 105 401 E. Chase Street	Pensacola, Fl 32501
V.P.	DAVID A. BRANNEN	Suite 105 401 E. Chase Street	Pensacola, Fl 32501
SEC.	STANLEY LEVIN	Suite 105 401 E. Chase Street	Pensacola, Fl 32501
TRES	RETA M. BRANNEN	Suite 105 401 E. Chase Street	Pensacola, Fl 32501

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8. Name and Address of Current Registered Agent

Philip A. Bates
125 W. Romana Street
Suite 800
Pensacola, FL 32501

9. Name and Address of New Registered Agent

Name: DAVID A. BRANNEN
Street Address (P.O. Box Number is Not Acceptable): 401 E. Chase Street
Suite, Apt. #, Etc.: Suite 105
City: Pensacola | State: FL | Zip Code: 32501

CR2E040 (12/96)

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] Date: 10/24/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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] 10-18-97 (850) 434-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David T. Clark