PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 NOV 14 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000089790**

1. Corporation Name

BIG A'S SPORTS, INC.

Principal Place of Business	Mailing Address
~~1033 OAK STREET~~	~~1033 OAK STREET~~
~~JACKSONVILLE FL 32204~~	~~JACKSONVILLE FL 32204~~

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
4002 Emerson Street	4002 EmersonStreet
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl 32207	City & State: Jacksonville, FL 32207
Zip: 32207 / Country	Zip: 32207 / Country

200002349982--8
-11/18/97--01018--005
*****750.00 *****750.00

4. Date Incorporated or Qualified To Do Business in Florida: 10/31/1996

5. FEI Number: NO. P96000089790 — X 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	GILMORE, ARTIS	~~1033 OAK STREET~~ 4002 Emerson Street	~~JACKSONVILLE FL 32204~~ Jacksonville, FL 32207
VP	GIBBS, ROBERT	~~1033 OAK STREET~~ 4002 Emerson Street	~~JACKSONVILLE FL 32204~~ Jacksonville,FL 32207
S	GILMORE, ENOLA GAY	~~1033 OAK STREET~~ 4002 Emerson Street	~~JACKSONVILLE FL 32204~~ Jacksonville,FL 32207

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8. Name and Address of Current Registered Agent

LARKIN, THOMAS A
3630 ROGERO ROAD
JACKSONVILLE FL 32277

9. Name and Address of New Registered Agent

Name: Larkin, Thomas A
Street Address (P.O. Box Number is Not Acceptable): 2202 N. Glen Ave
Suite, Apt. #, Etc.:
City: Tampa — State: FL — Zip Code: 33607

CR2E040 (8/97)

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: Thomas A. Larkin — REGISTERED AGENT MUST SIGN — Date: 11-11-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No [X] (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.

902 346 0004

SIGNATURE: — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11-4-97 — Daytime Phone #