

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 NOV 14 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000042055

1. Corporation Name

Jacksonville Professional Sports Inc.

2. Principal Office Address

2202 N. Glenn Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7520 Colony Cove Ln

Suite, Apt. #, etc.

City & State

Tampa Fla.

City & State

Jacksonville, Fla.

Zip

33607

Country

U.S.A.

Zip

32277

Country

U.S.A.

REINSTATEMENT

2000-2001

4. Date Incorporated or Qualified
To Do Business in Florida

5/12/97

5. FEI Number

59-3409968

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

Gregory K. Harris

Street Address (P.O. Box Number is Not Acceptable)

4154 Heath Rd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32277

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***908.75 ***908.75

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

Gregory K. Harris
REGISTERED AGENT MUST SIGN

Date

11/6/01

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
Pres	Rex Morgan	7520 Colony Cove Ln	Jax, Fla. 32277
Sec	Tom Larkin	2202 N. Glenn Ave	Tampa, Fla. 33607

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:

Rex T. Morgan

11/6/01

904 744 8608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #