

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   | FLORIDA DEPARTMENT OF STATE<br>DIVISION OF CORPORATIONS                                                                                                                                                          |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| DOCUMENT # <b>97000057596</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   | Filing Date: <b>July 15 1997</b>                                                                                                                                                                                 |                               |
| Corporation Name: <b>Donna's Alachua Sports Pub, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | Filing Fee: <b>400002766894--2</b><br>-02/08/99--01013--002<br>****300.00 ****300.00                                                                                                                             |                               |
| Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Mailing Address                                                   | 400002766894--2<br>-02/08/99--01013--002<br>****300.00 ****300.00                                                                                                                                                |                               |
| <b>Alachua Sports Pub</b><br><b>21404 NW 205 ST. High Springs FL</b><br><b>32643</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>21404 NW 205 ST.</b><br><b>High Springs</b><br><b>FL 32643</b> |                                                                                                                                                                                                                  |                               |
| 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                      | 4. Date Incorporated or Qualified To Do Business in Florida                                                                                                                                                      |                               |
| Suite, Apt. #, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Suite, Apt. #, etc                                                | <b>July 15 1997</b>                                                                                                                                                                                              |                               |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City & State                                                      | 5. FEI Number                                                                                                                                                                                                    |                               |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Zip                                                               | <b>54-3458756</b>                                                                                                                                                                                                |                               |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                           | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Officers and/or Directors                                 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)                                                                                                                              | City / State / Zip            |
| <b>P.O.P.</b><br><b>T.S.D.</b><br><b>M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Donna Bratten</b>                                              | <b>21404 NW 205 ST</b><br><b>High Springs</b><br><b>FL 32643</b>                                                                                                                                                 | <b>High Springs, FL 32643</b> |
| 8. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                                                                                                                                                  |                               |
| 9. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                                                                                                                                                  |                               |
| <b>Donna Bratten</b><br><b>21404 NW 205 ST</b><br><b>High Springs FL 32643</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   | <b>Donna Bratten</b><br><b>21404 NW 205 ST</b><br><b>High Springs FL 32643</b>                                                                                                                                   |                               |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   | 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) |                               |
| Signature of Registered Agent: <b>Donna Bratten</b><br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   | Date: <b>1-16-99</b>                                                                                                                                                                                             |                               |
| 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)(j), 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: <b>Donna Bratten</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   | 1-16-99<br>Date<br>904-454-1591<br>Daytime Phone #<br>462-5333                                                                                                                                                   |                               |

(2)

1-20-99

To Whom it may concern,

On 1-12-99 I spoke with several employees of the Division of Corporations, including one with the last name Spratue. At the time, I was calling to see what needed to be done to have an officer of Alachua Sports Pub Inc. removed from the paperwork. Upon requesting the amendment papers I was informed that Alachua Sports Pub Inc. was no longer a corporation, due to the fact that the corporate renewal fee had not been paid for the years 1998 or 1999. I was unaware of this due to the fact that you had been mailing the notice to our physical address, not the mailing address. The employee confirmed that all notices had been returned to your office and noted so on your computer. I was advised at this point by your employee to send

(3)

a letter of explanation and  
the fees for 1998 and 1999  
that this would correct the  
problem and bring us current  
on our fees. If there are  
any further problems please  
feel free to contact me.

Thank you.

Donna Bratten  
Donna Bratten  
(904) 462-5333