
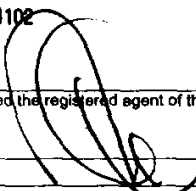
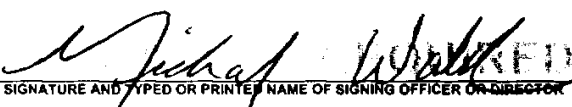


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P97000068836</b>			
1. Corporation Name <b>PLAYOFF SPORTS CAFE, INC.</b>			
Principal Place of Business <b>1100 9TH ST. NORTH NAPLES FL 34102</b>		Mailing Address <b>1100 9TH ST. NORTH NAPLES FL 34102</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable <b>1000 Market Street</b> Suite, Apt. #, etc. <b>Building One</b> City & State <b>Portsmouth NH</b> Zip <b>03801</b>	
		Country <b>USA</b>	
		4. Date Incorporated or Qualified To Do Business in Florida <b>08/07/1997</b>	
		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		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)			
1	2	3	4
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
Director President	Michael P. Walsh	10 North Ocean Boulevard Delray Beach, FL 33483	Delray Beach, FL 33483
Director V Pres	Mark T. Walsh	10 North Ocean Boulevard	Delray Beach, FL 33483
Exec V Pres	Richard C. Ade	1000 Market Street Building One	Portsmouth NH 03801
Secretary	Richard H. Critchfield	1100 Linton Boulevard Suite C-4	Delray Beach FL 33444
<div style="text-align: right; font-size: 2em;">10/17/99</div>			
8. Name and Address of Current Registered Agent  <b>CALVANO, MARC W</b> <b>1100 9TH ST. NORTH</b> <b>NAPLES FL 34102</b>		9. Name and Address of New Registered Agent Name <b>Richard H. Critchfield</b> Street Address (P.O. Box Number is Not Acceptable) <b>1100 Linton Boulevard, Suite C-4</b> Suite, Apt. #, Etc. City <b>Delray Beach</b> State <b>FL</b> Zip Code <b>33444</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. Signature of Registered Agent  Date <b>10/26/99</b> <div style="text-align: center; border: 1px solid black; padding: 5px;">REQUIRED</div> REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>10/29/99</b> Daytime Phone # <b>603 559-2108</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT 98-99

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