

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

FILED  
 99 JUN 16 AM 8:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P 97000082524  
 1. Corporation Name  
 BENTLEY SPORTS, INC.

Principal Place of Business Mailing Address  
 3114 45TH STREET "SAME"  
 SUITE 1  
 WEST PALM BEACH, FL. 33407

REINSTATEMENT 9899

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 Country

3. New Mailing Office Address, if Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9/22/97  
 5. FEI Number 65-0782313 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	MICHAEL D. BENTLEY	1727 VILLAGE BLVD #102	WEST PALM BEACH, FL 33409

8. Name and Address of Current Registered Agent  
 CORPORATE CREATIONS ENTERPRISES, INC.  
 4521 PGA BOULEVARD # 211  
 PALM BEACH GARDENS, FL 33418

9. Name and Address of New Registered Agent  
 Name MICHAEL D. BENTLEY  
 Street Address (P.O. Box Number is Not Acceptable) 3114 45TH STREET  
 Suite, Apt. #, Etc. SUITE 1  
 City WEST PALM BEACH State FL Zip Code 33407

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 6.1.99  
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 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., and 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]* 6.1.99 561-686-PLAY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)