

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # p98000028032

1. Corporation Name
Barstool Station, Inc

2. Principal Office Address
2321 N Fed Hwy

3. Mailing Office Address
Same

4. Unit # etc.
Unit 6

5. City & State
Stuart, FL

6. Zip
34994

7. Country
Martin

8. Date incorporated or Qualified To Do Business in Florida **3/25/98**

9. FEI Number
65-0829744

10. CERTIFICATE OF STATUS ORDERED

FILED
 01 NOV 15 PM 2:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name
Dominick Devivo

Street Address (P.O. Box Number is Not Acceptable)
2321 N Federal Hwy

City
STUART

State
FL

Zip Code
34994

0000040341 10--7
 -11/27/01--010 3--010
 ***308.75 ***308.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607 0606 or 617 0606, F.S.

Signature of Registered Agent *[Signature]* Date **11/12/01**

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Type	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P	Dominick Devivo	2321 N Fed Hwy	Stuart, FL 34994
V	Pasquale Devivo	2073 SE Mantua St	Port St Lucie, FL 34952

10. I certify that I am an officer or director or the receiver or trustee appointed to enforce 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 0606 or 617 0606, F.S. that all fees come by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(2)(d), 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]* Date **11/14/01**

Signature and Print on this form must be signed OFFICER or DIRECTOR

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John T Holz, Certified Public Accountant

1084 Raintree Lane
Wellington, FL 33414

Phone: 561-795-0244
Fax: 561-795-0244 Call First
Email: jholzcpa@bellsouth.net

November 14, 2001.

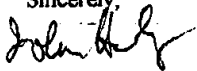
Florida Department of State
Ms Katherine Harris
Secretary of State
Division of Corporations
P O. Box 6327
Tallahassee, FL 32399

Re: Barstool Station Inc
FEIN 65-0829744

Kindly waive the penalties on the above corporation because Mr. Devivo did not receive his annual report. Enclosed is a check for \$300.00 and reinstatement form for the year 2000-01.

Thanks for your consideration.

Sincerely,



John T Holz
CPA



ACCOUNT NO. : 072100000032
REFERENCE : 442694 7292481
AUTHORIZATION :
COST LIMIT : \$ PPD

ORDER DATE : November 15, 2001
ORDER TIME : 10:44 AM
ORDER NO. : 442694-005
CUSTOMER NO: 7292481

CUSTOMER: Dominick Devivo, President
Barstool Showcase, Inc.
Unit 6
2321 North Federal Highway
Stuart, FL 34994

RECEIVED
01 NOV 15 AM 11:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: BARSTOOL STATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

NOTE: PLEASE SEE CLIENT LETTER ATTACHED.

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____