PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION REINSTATEMENT

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

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

DOCUMENT # P98000028032

1. Corporation Name: Barstool Station, Inc

2. Principal Office Address	3. Mailing Office Address
2321 N Fed Hwy	Same
Suite, Apt. #, etc.: Unit 6	Suite, Apt. #, etc.
City & State: Stuart, FL	City & State
Zip: 34994 / County: Martin	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 3/25/98

5. FEI Number: 65-0829744 — Applied For / Not Applied For

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Dominick Devivo

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

Suite, Apt. #, etc.: Unit 6

City: Stuart — State: FL — Zip Code: 34994

000004683114 0--7
-11/27/01--01003--010
*****308.75 *****308.75

8. I hereby accept the appointment as registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN — Date: 11/12/01

9. Names and Street Addresses of Each Officer and/or Director (Florida domestic corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	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,FL34552

10. I certify that I am an officer or director or the president or trustee authorized 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 number 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] 11/14/01
SIGNATURE AND TITLE OR PRINTED NAME OF PRESIDENT OR OFFICER OR DIRECTOR — Date — Daytime Phone #

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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

Financial Services

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 _____