

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 22 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000071454

1. Corporation Name

Brodie Sports Management, Inc

2. Principal Office Address

1098 NW Boca Raton Boulevard

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

US

3. Mailing Office Address

1098 NW Boca Raton Boulevard

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/17/98

5. FEI Number

650858892

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jason A. Brodie

Street Address (P.O. Box Number is Not Acceptable)

1098 NW Boca Raton Boulevard

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

JABS

REGISTERED AGENT MUST SIGN

Date

1/16/02

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------------|--------------------------------------|---|----------------------|
| President | Jason A. Brodie | 1098 NW Boca Raton Boulevard | Boca Raton, FL 33432 |
| Vice President | Paul Jacobs | 1098 NW Boca Raton Boulevard | Boca Raton, FL 33432 |
| | | | |
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10. 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:

JABS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/02

Daytime Phone #

(813) 394-9079

CR2E081 (9/01)