

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



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

FILED

00 SEP 20 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000077257

1. Corporation Name

BAT GRIPS, INC.

Principal Place of Business

3032 E. COMMERCIAL BLVD  
FORT LAUDERDALE FL 33308

Mailing Address

3032 E. COMMERCIAL BLVD  
FORT LAUDERDALE FL 33308

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

08/31/1998

5. FEI Number

65-0868168

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KRAMER, ROBERT M.T.	3032 E. COMMERCIAL BLVD	FORT LAUDERDALE FL 33308

500003415175--8  
-10/05/00--01083--001  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

KRAMER, ROBERT M.T.  
3032 E. COMMERCIAL BLVD  
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

9/18/00

11. 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 REQUIRED  
President Robert M.T. Kramer

Date

Daytime Phone #

800.978-3114

KE

CR2E040 (8/99)

# POWER GRIP

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BAT GRIPS, INC.  
3032 East Commercial Blvd.  
Fort Lauderdale, FL 33308  
1.800.978.3114 Fax 954.351.9552  
E-mail: [sales@thepowergrip.com](mailto:sales@thepowergrip.com)  
Web Site: <http://www.thepowergrip.com>

9-18-00

To whom it may concern:

Please consider waiving the late fees, as this was the only form I received.

Thank you

