

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000094757

1. Corporation Name

U.S.A. SPORTS, INC.

Principal Place of Business

Mailing Address

4532 W KENNEDY BLVD
TAMPA FL 33609

4532 W KENNEDY BLVD
TAMPA FL 33609

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3541940

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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	City / State / Zip
PSTD	FRY, NORMAN H	2209 S WATERMAN DR	VALRICO FL 33594
D	DIGIOVANNI, GREGORY F	4532 W KENNEDY BLVD	TAMPA FL 33609
PSTD	VANDER KELEN, KEVIN M.	4532 W. KENNEDY BLVD. #236	TAMPA, FL. 33609
			300003471293--2 -11/20/00--01151--008 ***750.00 ***750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GANTHER, JAMES S
C/O GANTHER & FEE, P.A., BARNETT PLAZA
101 E KENNEDY BLVD, SUITE 1030
TAMPA FL 33602

Name
KEVIN M. VANDER KELEN
Street Address (P.O. Box Number is Not Acceptable)
4532 W. KENNEDY BLVD. B
Suite, Apt. #, Etc.
SUITE #236
City
TAMPA,
State
FL
Zip Code
33609

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]
REGISTERED AGENT MUST SIGN

Date 10-27-2000

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-2000 813-289-6486
Date Daytime Phone #

FILED

00 OCT 31 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

