


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 APR 30 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-9900001829M

1. Corporation Name

Ripit Sports Inc

REINSTATEMENT

03-01

2. Principal Office Address

3711 Eagle Ridge Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32224

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/99

5. FEI Number

59-364-3526

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

Gary W. Pinkien

600034819046

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

3711 Eagle Ridge Drive

04/30/04-01019-021-***800.00

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32224

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

Gary W. Pinkien

Date

4/26/04

REGISTERED AGENT MUST SIGN

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
Pres	Suzanne Kemmerer-Pinkien	3711 Eagle Ridge Drive	Jacksonville, FL
			32224
VP	Gary W. Pinkien	3711 Eagle Ridge Drive	Jacksonville, FL
			32224

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: Suzanne Kemmerer-Pinkien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/04

Daytime Phone

Suzanne Kemmerer-Pinkien

904-223-5882

CR2001 (07/04)