

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000110349

1. Corporation Name

GLOBAL SPORTS TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

~~3878 PROSPECT AVENUE~~
~~UNIT 24~~
~~WEST PALM BEACH FL 33404~~

~~3878 PROSPECT AVENUE~~
~~UNIT 24~~
~~WEST PALM BEACH FL 33404~~

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

2. New Principal Office Address, If Applicable

365 Cypress Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

365 Cypress Drive

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

City & State

Tequesta, FL

Zip

33469

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/20/1999

5. FEI Number

65-0980622

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
P	KVINGE, ROSES ROSS	395 RIVER EDGE RD <u>19779 Wilkinson Leas Rd.</u>	JUPITER FL 33477 <u>Tequesta, FL 33469</u>
VST	KVINGT, TRACY	395 RIVER EDGE RD <u>19779 Wilkinson Leas Rd.</u>	JUPITER FL 33477 <u>Tequesta, FL 33469</u>

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-11/14/01--01066--020
****758.75 ****758.75

ILLS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Kvinge, Ross

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

365 Cypress Drive

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

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

10-18-01

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] Ross J. Kvinge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-01

Daytime Phone #

561-748-5370

CR20040 (8/01)