

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -1 PM 2:43

DOCUMENT # S03537

1. Corporation Name

Bleachers Sports Pub, Inc.

300005289523--9
-04/17/02--01047--011
***1050.00 ***1050.00

2. Principal Office Address

10478 Roosevelt Blvd.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33716

Country

USA

3. Mailing Office Address

10478 Roosevelt Blvd.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33716

Country

USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/90

5. FEI Number

593035771

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

George E. Owen, Jr.

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

100 First Avenue South, Suite 500

Suite, Apt. #, Etc.

City

St. Petersburg,

State

FL

Zip Code

33701

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3/27/02

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
DP	Neel Voss	6490 Cp Hatteras Way NE	St. Petersburg, FL

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:

Neel F. Voss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-28-02 727-576-2216

Daytime Phone #

CR2E081 (9/01)