


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 12:33

DOCUMENT # **V10191**

1. Corporation Name

SPORTSPLEX, INC.

Principal Place of Business

450 ATLANTIC BLVD
NEPTUNE BCH FL 32266
US

Mailing Address

450 ATLANTIC BLVD
NEPTUNE BCH FL 32266
US

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

01/27/1992

5. FEI Number

59-3115422

- 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SANFORD, MARK	450 ATLANTIC BLVD	NEPTUNE BEACH FL 32266
SD	BURNETT, MARGENIA	450 ATLANTIC BLVD	NEPTUNE BEACH FL 32266

100004659561--6

-10/30/01--01077--004

***150.00 ***150.00

8. Name and Address of Current Registered Agent

SANFORD, MARK C
450 ATLANTIC BLVD
NEPTUNE BEACH FL 32266

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

Date

REGISTERED AGENT MUST SIGN

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:

Margenia Burnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01 (904) 247-5552

Date

Daytime Phone #

CR20040 (8/01)



**450 ATLANTIC BOULEVARD
NEPTUNE BEACH, FL 32266
(904) 247-5552**

October 15, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

I have two corporations, Sportsplex and Muscle Depot, that I mailed forms on April 16, 2001. It appears you received Muscle Depot but not Sportsplex. I will cancel payment on the original check (5393).

Thank you for your assistance.

Very truly yours,

A handwritten signature in cursive script that reads 'Margena Burnett'.

Margena Burnett