


pg 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 DEC 18 10 00 AM '06
 #9 Legend
 P = President
 V = Vice President
 F = Financial Officer
 S = Secretary
 D = Director
 CONTINUED
 #9 on next two pages
 CR2E081 (12/05) 02-06

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **NO1000003078**
 1. Corporation Name
Table Shuffleboard Association, Inc.

2. Principal Office Address
12710 Red Deer Pass
 Suite, Apt. #, etc. **"**

3. Mailing Office Address
(Same as 2)
 Suite, Apt. #, etc. **"**

City & State
Austin, Texas
 City & State **"**

Zip **78729** Country **USA**
 Zip **"** Country **"**

4. Date Incorporated or Qualified To Do Business in Florida **May 1, 2001**

5. FEI Number **68-0346464**
 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 **Spiegel & Utrera, P.A. (Natalia Utrera)**

Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way 4th Floor

Suite, Apt. #, Etc. **"**

City **Miami**

90002261886
 12/18/06 State 0127 Code 120
 FL 33145 #15 00

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 **Natalia Utrera** Date **12-14-06**
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) **(Continued on next pg)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
① P/D	DAN HITT	7401 NORTH CRESTLINE	Spokane, WA 99219
② V/D	Dave Shewbridge	8450 LYNDALE ROAD	Pasadena, MD 21122
③ T/D	LYNDA P. FRENCH	12710 Red Deer Pass	Austin, TX 78729
④ S/D	Debbie Sexton	7222 Hidden Trails N.	SAN ANTONIO, TX 78244
⑤ D	LARRY CREAK BAUM	5105 Baltustrol Drive	AVON, TN 46123
⑥ D	Louise Freer	189 BARRY AVE.	LANSDALE, PA 19446


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 contained in Chapter 119, 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: **Linda P. French** Date **12-14-06** Daytime Phone # **512-250-0327**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pg 2

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 150100003078

1. Corporation Name

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

CR2E081 (12/05)

(Continued) #9 from page 1

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

(continued next page)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	XXXXXXXXXX Fred Johns	314 32nd Ave	Longview, WA 98632
D	Bob Hunt	380 Cedar River Way	Sacramento, CA 95831
D	HARVEY KIDD	11915 MOUNTAIN RIDGE PL.	Houston, TX 77043
D	FRANK MAKO	PO Box 641 (1050 NW Princeton Blvd #641)	Chesham, WA 98532
D	Jim Payne	1230 S. 16th Street	Omaha, NE 68130
P	Hal Perry	942 DONDRAY WAY	Sacramento, CA 95838

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SIGNATURE

Lynde P French

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-06


Date

Daytime Phone #

Dg 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
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DOCUMENT # NO1000003078

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Applied For

Not Applicable

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CR2E081 (12/05)

Continued # 9 from pg. 2

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

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 _____ Date _____

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
(13) D	RICK PITMAN	555 WESTWOOD Rd	HOUSTON, MO 65483
(14) D	AL Salazar	9227 W. Kathleen Rd	Peoria, AZ 85382
(15) D	Gerald Siebert	3990 Willow Ridge Pl	Holt, MI 48842
(16) D	DON VALK	8003 BOUNTY TRAIL	AUSTIN, TX 78749
(17) D	STEVE WALKER	122 W. BROADWAY	CUSHION, OK 74023

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SIGNATURE: Linda P French Date 12-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # _____



Table Shuffleboard Association

TO: Florida Department of the State
Division of Corporations (Non-Profit)
PO Box 6327
Tallahassee, FL 32314

FROM: Lynda P. French, Chief Financial Officer/Treasurer
Table Shuffleboard Association, Inc.
12710 Red Deer Pass
Austin, Texas 78729-6436
Phone: 512-250-0327 Cell: 512-619-6030 Fax: 512-597-0609
Email: lynda @ tableshuffleboard.org

SUBJECT: Reinstatement Form Attached for **N01000003078** (3 pages) &
"Waiver" of Reinstatement Fee Request (included in this cover letter)

DATE: December 14, 2006

Attached you will find our completed reinstatement form (3 pages), a check to cover the supplemental fees for reinstatement fees (described below), and this cover letter which is to request a "waiver" of the \$175.00 (non-profit) reinstatement fee because our corporation did not receive the annual report notices in the year of dissolution (which according to office the dissolution occurred October 2002). Therefore, based on your supplemental fee schedule and conversations with your office last week, the below fees are due with this submission:

\$306.25 (\$61.25 @ 5 years - for each year since dissolved in 10/2002)
8.75 (Additional fee requesting a "Certification of Status")
\$315.00 Total Enclosed

Please ensure that the "Certificate of Status" and all current/future annual report notices, etc. are mailed to the FROM: address above (being our principal office address and mailing address).

Thanks,

Lynda P. French, Chief Financial Officer/Treasurer
Table Shuffleboard Association, Inc.

✓ Cc: Natalia Utrera, Spiegel & Utrera P.A., 1840 Coral Way 4th Floor, Miami, FL 33145