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				Suite, Apt. #,	11				orated or Qualifie ness in Florida	MAY 1	2001	
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M	Registered			GISTERED AG		[0]	ist y		,	· -x-	<u>'</u>	_\
7	9. Names Titles	Name of Officers and/or Directors Officers and/or Directors			Street Address of Each Officer and/or Director 7401 NORTH CRESTLINE				(CONA	City / State / 2	on was le	D
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6	D	Louise			189	Barry			LANS		19446	
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	SIGNA		AND TYPED OR PR	Jone Inted NAME OF	L SIGNING OFFIC	CER OR DIRECTOR		12-	14-06 Date	5/2-2-5 Daytime	0-0327	

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<u>i.</u>		7. N	ame and Add	ress of Current R	egistered Agent			Germente of States		
	Name									
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	Suite, Apt. #, Etc.					 .				
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<u>/</u>						FL				
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		REGISTERED AG				Date				
	s and Street Addresses of Each Office Name of	r and/or Director (Flo	rida nonprofit	corporations must Street Address	***	CO	ntimed	neutro		
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1)	Jim Payne		1230	S. 166h	Street	On	who NE	68130		
P	Hal Perr	/	942	DONDE	A WAY	Sac	Ramont	o, CA 9583		
this rei owed f	ly that I am an officer or director or the instaltement application, the reason for by the corporation have been paid and a application is true and accurate, and its application is true and accurate.	receiver or trustee er dissolution has beer the names of individ	eliminated, thuals listed on	ne corporate name : this form do not qua	satisfies the requirementalify for an exemption of	napter 607 o	r 617, F.S. I further cert 607.0401 or 617.0401,	ify that when filing F.S., that all fees		
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5. 1, being appointed									
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12-14-06 Date

Daytime Phone #

SIGNATURE: Anda P French SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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