


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

112

**DOCUMENT # N0100005331**  
 1. Entity Name  
**BOB HAYES INVITATIONAL TRACK MEET, INC.**



07 DEC -2 PM 3:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

12.4.07  
 RJ



Principal Place of Business  
 50 E. 2ND STREET  
 JACKSONVILLE, FL 32206

Mailing Address  
 3128 BEACH BLVD  
 JACKSONVILLE, FL 32207

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**1106 PARK AVENUE**  
 Suite, Apt. #, etc.

City & State  
**ORANGE PARK, FL**

Zip  
**32073**

REINSTATEMENT  
 2007, REIN. NR. CR2E099 (1/07)  
 4. FEI Number 59-3733842  
 Not Applicable

6. Name and Address of Current Registered Agent  
**WILLIAMS, TERESA ELAM**  
 1617 ROWE AVE  
 JACKSONVILLE, FL 32208

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

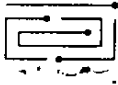
**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2008, Fee will be \$297.50**

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIPLIN, LEWIS 1617 ROWE AVE. JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500112844735</b> <b>12/05/07--01009--002 **\$1.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, JAMES 1805 NORTH MYRTLE AVE. JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUBBARD, KIM 3730 BEACH BLVD. JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1106 PARK AVENUE</b> <b>ORANGE PARK, FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kim Hubbard **Kim Hubbard** 11-29-07 278-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**CONNER, HUBBARD & COMPANY, P.A.**  
Certified Public Accountants

2/2

Taxation, Accounting, Pension Planning, and Business Counseling

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November 29, 2007

Florida Department of State  
Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Bob Hayes Invitational Track Meet, Inc.  
Document No.: NO1000005331

Dear Sir:

Please accept the enclosed check in the amount of \$61.25 as full payment for the above-referenced Florida Corporate Annual Report based upon the following facts and circumstances:

- The late filing was not due to willful neglect;
- The Company is a small business and has no record of receiving the original form; and
- All previous filings have been made timely.

Please remove the late filing penalty for reasonable cause. Please call me if you have any questions or need any further information.

Sincerely,  
CONNER, HUBBARD & COMPANY, P.A.

Kim K. Hubbard,  
Certified Public Accountant

Enclosure

cc: Coach James Day