

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 2:12

DOCUMENT # P96000020341

1. Corporation Name  
**BILLIARD CONNECTION INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 100009156101  
 11/21/02--01105--024 \*\*150.00

Principal Place of Business Mailing Address  
 5991 CHESTER AVENUE SUITE 109 JACKSONVILLE FL 32217  
 5991 CHESTER AVENUE SUITE 109 JACKSONVILLE FL 32217



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>1825 UNIVERSITY BLVD, N.</b>		3. New Mailing Office Address, If Applicable <b>1825 UNIVERSITY BLVD, N.</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>03/05/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3363880</b>	
City & State <b>JACKSONVILLE FL.</b>		City & State <b>JACKSONVILLE</b>		Applied For Not Applicable	
Zip <b>32211</b>	Country <b>DUVAL</b>	Zip <b>32211</b>	Country <b>DUVAL</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	KAMMERER, JAMES	3427 SCRIMSHAW DRIVE	JACKSONVILLE FL 32257
PSTD	HOYT MATTHEW W.	10939 Colorado Springs Ave	JACKSONVILLE FL 32219

8. Name and Address of Current Registered Agent

KAMMERER, JAMES  
 5991 CHESTER AVENUE  
 SUITE 109  
 JACKSONVILLE FL 32217

9. Name and Address of New Registered Agent

Name  
**HOYT MATTHEW W.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10939 Colorado Springs Ave.**  
 Suite, Apt. #, Etc.  
 City  
**JACKSONVILLE**  
 State  
**FL**  
 Zip Code  
**32219**

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. or 617.0505, 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  **18 NOV. 02**

Daytime Phone #

CR2E040 (8/02)

STATE OF FLORIDA  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

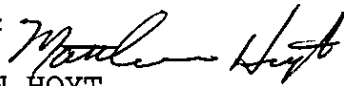
NOV.4, 2002

BILLIARD CONNECTION INC.  
1825 UNIVERSITY BLVD. N.  
JACKSONVILLE, FL. 32211

TO WHOM IT MAY CONCERN:

THIS CORPORATION NEVER RECEIVED IT'S CORPORATION RENEWAL NOTICE.  
NOT THE FIRST ONE OR THE SECOND ONE EITHER. AS YOU CAN SEE NONE OF  
THE INFORMATION ON THE FORM IS CORRECT. THE RENEWAL FORM AND A  
CHECK FOR \$ 150.00, THE RENEWAL FEE IS ENCLOSED. PLEASE MAKE ALL  
CHANGES SO WE WILL RECEIVE NEXT YEARS FORM IN TIME TO PAY THE FEE  
ON TIME.

SIGNED:



MATTHEW HOYT  
PRESIDENT  
BILLIARD CONNECTION INC.