

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # **F01000003174**

1. Corporation Name
CONNELLY BILLIARD MANUFACTURING, INC.

Principal Place of Business 1440 SOUTH EUCLID AVE. TUCSON AZ 85713-1710	Mailing Address 1440 SOUTH EUCLID AVE. TUCSON AZ 85713-1710
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REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/15/2001	
City & State		City & State		5. FEI Number 86-0609867	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				<input checked="" 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BOHNE, GREG Tomizuka, DAVID	1440 SOUTH EUCLID AVE.	TUCSON AZ
ST	CONNELLY, SUZANNE H	28 PRESTON LANE 675 Sun Valley Rd	SALISBURY CT Ketchum, ID
CD	CONNELLY, CRAIG	28 PRESTON LANE 675 Sun Valley Rd	SALISBURY CT Ketchum, ID

500008726765
 10/31/02-01055-007 **750.00

8. Name and Address of Current Registered Agent

GOULD, CHRISTIAN
 1515 SOUTH TAMiami TRAIL STE 6A
 SOUTHRIDGE PARK
 VENICE FL 34292

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10/28/02

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)(l), 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 TOMIZUKA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 520-624-6000

CR2E040 (8002)