PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN'



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F99000003496

1. Corporation Name

GST CORPORATION OF TENNESSEE

Principal Place of Business

Mailing Address

8295 TOURNAMENT

8295 TOURNAMENT

SUITE 150 MEMPHIS TN 38125

SUITE 150

MEMPHIS TN 38125

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above addresses	s are incorrect in any way, line t	hrough incorrect info	rmation and enter correction below.	R	EIN2 Y I FIME	14 I	_(_	4
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4.	Date Incorporated or Qualified To Do Business in Florida	07/08/1999 SF		SP
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State						
				5. FEI Number 62-0869915		Applied Fo		ed For
								pplicable
Zip	Country	Zip	Country	6.	CERTIFICATE OF STATUS DESIRED	\$8.75 Addit		

	<u></u>					
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			
PD	VAUGHN, LANNY	2620 THOUSAND GAKS BLVD. #3420 8295 TOURN AMENT DR \$150	MEMPHIS TN 38148 3812≤			
V	STEWART, PAUL	2620 THOUSAND OAKS BLVD #3420 8295 TOURNAMENT DE \$150	MEMPHIS TN 3811€ 3812≤			
s	MATSAO, GENE	390 PARK AVE 8295 TBURNAMENT Dr. #150	WENDARY LOOSS			
7	YAMAMOTO, TODD	2020 THOUSAND DAKS BEVD #3420 8LS BUNDAMENT DR 150	MEMPHIS TN 38#18 ままいて			
C	TOKUGAWA, TSUNENARI	300-LIGHTING WAY	SECAUCUS NJ 07094			
D	KONDO, TED	2630 THOUGAND DAKE BLVD #3420- 8295 TOURNEMENT DA 4150	MEMPHIS TN 38##8 38125			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent						

CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM Suite, Apt. #, Etc. -11/14/01--01032--024 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City

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.

BABARA A. BURKE SPECIAL ASSISTANT SECRETARY

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:

IRGARIEMILLABEVAFINANCE (OLIGIO

901-261-3608