PLEASE READ ALL INSTRUCTIONS BEFORE C  APPLICATION FOR FOR  PLEASE READ ALL INSTRUCTIONS BEFORE C  FLORIDA DEPARTMENT OF STATE  Sendra B. Mortham  Secretary of State	COMPLETING THIS FORM.
REINSTATEMENT DIVISION OF CORPORATIONS	FILED
DOCUMENT # M/2504- 1. Corporation Name	97 MAY -2 PM 3: 42
BILLABONG, INC.	SECRIETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address	
ST PEARE BEACH PL 33706	REINSTATEMENT 90-97
1 above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  6830 CENTRH WE  3. New Mailing Office Address, If Applicable  7. O. BUX 4-69  Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 3/12/1985
SWIE B City & State City & State	5. FEI Number Applied For Not Applied For Not Applied For
ZIP Country Zip 200 Country	6. \$8.75 Additional Fee required
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least	Tota detrinente di Status
Title(s)  Name of Officers and/or Directors  Street Address of Each Officer and/or Director  (Do NOT Use Post Office Box for	City / State / Zip
P JUANNE L. CHANOUER ONE BEACH DR	SE*1905 ST PETERSBURG, FL 33701
VP JUANNE L. CHANDLER ONE BEACH DRS	SE #1905 ST. PETERSBURG PL 33701
ST JUANNEL CHANDIER ONE BEACH DRS	E *1905 ST PETER (BURL FL 33701
	1 00 00 2 17 16 7 1 6 -05/68/97 -01111 009 *****915.00 *****915.00
	M = 0 =
8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MARTIN S. JONES	
GLORIA J. CHANDIER  4615 BULL BLVD.  Street Address (P.O. Box Number is Not Acceptable)  L830 CENRAL AUE,  Suite, Apt. #, Etc.	
ST PETE BEAULY FL 33706 City State / Zin 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.	
Signature of Registered Agent Matters   Page   Date 4/30/97	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)	
12. 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 filling 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: JURANE Chandler 4/30/97 813:384-9004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  JUANE L. CHANDLER  Daytime Phone #	