


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000000406	
1. Entity Name FLORIDA ATHLETIC ASSOCIATION, INC.	

FILED

07 JUN 13 PM 12:52

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2750 TAYLOR AVE, STE F ORLANDO, FL 32806	Mailing Address 2750 TAYLOR AVE, STE F ORLANDO, FL 32806
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2. Principal Place of Business - No P.O. Box # 2111 E. Michigan St. Suite, Apt. #, etc. 224 City & State Orlando, FL Zip 32806 Country USA	3. Mailing Address Same as #2. Suite, Apt. #, etc. City & State Zip Country
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**REINSTATEMENT** 06-07

4. FEI Number 02-0665106	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

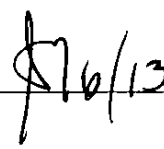
6. Name and Address of Current Registered Agent MCNEILL, H. GREGORY 215 N. EOLA DR. ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Blackburn & Company, L.C. Street Address (P.O. Box Number is Not Acceptable) 5150 Belfort Road South, Bldg. 500 City Jacksonville FL Zip Code 32256
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8. 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 4/27/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$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	PD YOUNG, TIMOTHY 1625 HACKNEY AVE. ORLANDO, FL 32806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Joseph E. Sleiman 2111 E. Michigan St., Suite 224 Orlando, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COLSON, S. DOUGLAS 3418 S. CONWAY RD ORLANDO, FL 32812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800103432108 05/29/07--01032--010 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VAUGINNI, CHRIS 2750 TAYLOR AVE ORLANDO, FL 32806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800103432108 05/15/07--01025--019 **70.00 <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
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:  Joseph E. Sleiman, Dir. (407) 896-1232  
Signature and typed or printed name of signing officer or director Date Daytime Phone #