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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 10 AM 9:03

DOCUMENT # N03000030533

1. Corporation Name

Action Sports Medicine Foundation Inc.

REINSTATEMENT CR2E081 (12/05) 05-06

2. Principal Office Address	3. Mailing Office Address
9802 Baymeadows Rd	4498 Coquina Dr
Suite, Apt. #, etc. Suite 12 PMB #183	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32256 Country US	Zip 32250 Country US

4. Date Incorporated or Qualified To Do Business in Florida: April 9, 2003

5. FEI Number: 57-1160023 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mindy Augustine

Street Address (P.O. Box Number is Not Acceptable): 4498 COQUINA DR

200080642122
10/10/06--01005--004 **308.75

Suite, Apt. #, Etc.:

City: JACKSONVILLE Beach | State: FL | Zip Code: 32250

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Mindy Augustine — REGISTERED AGENT MUST SIGN — Date: 10/5/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Stephen J. Augustine	4498 Coquina Dr	Jacksonville, FL 32250

10. 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 contained in Chapter 119, 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: Stephen J Augustine — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/5/06 — Daytime Phone #: (904)349-0875

B. Mitchell OCT 10 2006

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Mindy Augustine
Action Sports Medinine Foundation
Oct. 5, 2006
H (904) 992-7473

To Whom It May Concern:

Please use the following application to reinstate our corporation. We never received a notice explaining that we were dissolving and therefore did not realize it until we received a notice that our right to solicitation renewal had been denied because we were inactive. Please wave our fee to reinstate the Action Sports Medicine Foundation. Thank you for your time.

Sincerely,
Mindy Augustine