* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATEINSTATEI	San Estate 10	Secretar	TMENT OF STATE y of State orporations	0	12.1.21 6 OCT 10.67	
DOCUMENT # N 030000 3053 1. Corporation Name						
Action Sports Medicine Foundation Inc.						
2. Principal Office Add 9802 Bayı	meadows Rd	3. Mailing Office Address 4498 Coquina Dr		Oriaic	* A TOB26081	05.06
Suite 12 I	PMB #183	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida April 9, 2003		
Jacksonv	ille, FL	Jacksonville, FL		5. FELNumber 160023 Applied For Not Applicable		
^z / ₃ 2256	ÜŠ	32250	Ű\$	6.	OF STATUS DESIRED	59.75
7. Name and Address of Current Registered Agent						
Name Mindy Augustine Street Address (P.O. Box Number id Not Acceptable) LYG8 COOVINA DR Suite, Apt. #, Etc. City State State FL 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 Date 10/5/06 REGISTERED AGENT MUST SIGN						
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		Cit	ty / State / Zip
P Step	Stephen J. Augustine		4498 Coquina Dr		Jacksonville, FL 32250	
						ł
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 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 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #						

2092

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