

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009800

Entity Name: MJH GOLF CLASSIC, INC.

FILED
Oct 20, 2004
Secretary of State**Current Principal Place of Business:**3741 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 311394
TAMPA, FL 33680 US**New Mailing Address:**FEI Number: 27-0070897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**MOTT, OLIN
3741 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: MOTT, OLIN
Address: 3741 EAST HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610 USTitle: VPD () Delete
Name: EDMUNDS, ED
Address: 6403 HARNEY ROAD
City-St-Zip: TAMPA, FL 33610 USTitle: VPD () Delete
Name: HAFNER, JOSEPH C
Address: 1408 SWANN AVENUE
City-St-Zip: TAMPA, FL 33606 USTitle: D () Delete
Name: ELSWICK, JIM
Address: 2718 CRESTFIELD DR.
City-St-Zip: VALRICO, FL 33594**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: STD (X) Change () Addition
Name: MOTT, OLIN
Address: 3741 EAST HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: PD (X) Change () Addition
Name: HAFNER, JOSEPH C
Address: 1408 SWANN AVENUE
City-St-Zip: TAMPA, FL 33606 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIN L. MOTT

STD

10/20/2004

Electronic Signature of Signing Officer or Director

Date