PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  APPLICATION FOR REINSTATEMENT  PRINCIPLE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS  DOCUMENT # N44447 1. Corporation Name  MANDARIN SPORTS ASSOCIATION, INC.  Principal Place of Business  Mailing Address P O BOX 22785 JOKSONVILLE FL 32241 US  H above addresses are incorrect in any v. ny, line through incurrect information and enter correct on below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5. FEI Number  Suite, Apt. #, etc.  City & State  OT/25/1891  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Sifteet Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Sifteet Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  3. (De NOI Use Post Office flore Names)  DV JOHNSON, GARY  1204 (ROYAL FERN UN)  JACKSONVILLE FL
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T ALLEN, KENNETH A 12228 REED POND DR W JACKSONVILLE, FL
JAONSONVILLE FL
EV BRIDGHAM, JERRY DR. 4144 BELLINGHAM COURT JACKSONVILLE FL
DU CHAPMAN, DAVID 3422 CORMORAUT (OVE DE JACKEON VILLE, FL
DV PYE, JAMES JACKSONWILLE FL.
OV BARNES, KICK 5162 BREEZEWAY CAT JACKSONUILLE, FL
P.O. BOX 23795 JACKSONVILLE FL
P BRIDGHAM, JERRY DR 1740 RIVER PLANTATION LY JACKSONVILLE, FL
OS CHAPMAN, DAVID SA22 CORMORANT COVE DRIVE JACKSONVILLE FL
S PARNITZKE, Juny 13233 PECKY CYPRESS Dr. SACKSONUTILE, FL.  8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent
News
BOUCHILLON, KEVIN  Street Address (P.O. Box Number is Not Acceptable)
4209 WEATHERWOOD ESTATES DRIVE  Street Address (P.O. Box Number is Not Acceptable)  1228 REPOPONO OR W
JACKSONVILLE FL 32223 Suffe, Apt. #, Etc
City State Zip Code
JACKSONI/LLE   FL   3 2223
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 Control (130/99)
Registered Agent Onte //30/99

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 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 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

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/249 9 101-292-9357