
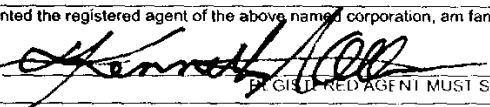



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N44447</b>		<b>FILED</b> 99 MAR -9 AM 11:01 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 2000012811 4912-00 -03/23/99 -01031-012 *****306.25	
1. Corporation Name <b>MANDARIN SPORTS ASSOCIATION, INC.</b>			
Principal Place of Business <b>BRADY RD AT ORANGE PICKERS P O BOX 23795 JACKSONVILLE FL 32241 US</b>		Mailing Address <b>P O BOX 23795 JACKSONVILLE FL 32241 US</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correct on below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		<b>REINSTATEMENT 98-99</b> 4. Date Incorporated or Qualified To Do Business in Florida <b>07/25/1991</b> 5. FEI Number <b>59-3084564</b> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<del>DT</del>	<del>BOUCHILLON, KEVIN L</del>	<del>4209 WEATHERWOOD EST. DRIVE</del>	<del>JACKSONVILLE FL</del>
<del>T</del>	<del>ALLEN, KENNETH A</del>	<del>12228 REEPOND DR W</del>	<del>JACKSONVILLE, FL</del>
<del>DV</del>	<del>JOHNSON, GARY</del>	<del>12041 ROYAL FERN LN</del>	<del>JACKSONVILLE FL</del>
<del>DV</del>	<del>BRIDGHAM, JERRY DR.</del>	<del>4144 BELLINGHAM COURT</del>	<del>JACKSONVILLE FL</del>
<del>DV</del>	<del>CHAPMAN, DAVID</del>	<del>3422 CORMORANT COVE DR</del>	<del>JACKSONVILLE, FL</del>
<del>DV</del>	<del>PYE, JAMES</del>	<del>1180 CELEBRATION CT</del>	<del>JACKSONVILLE FL</del>
<del>DV</del>	<del>BARNES, RICK</del>	<del>5162 BREEZEWAY CRT</del>	<del>JACKSONVILLE, FL</del>
<del>PD</del>	<del>STEVE WHITAKER</del>	<del>P.O. BOX 23795</del>	<del>JACKSONVILLE FL</del>
<del>P</del>	<del>BRIDGHAM, JERRY DR</del>	<del>1740 RIVER PLANTATION LN</del>	<del>JACKSONVILLE, FL</del>
<del>DS</del>	<del>CHAPMAN, DAVID</del>	<del>3422 CORMORANT COVE DRIVE</del>	<del>JACKSONVILLE FL</del>
<del>S</del>	<del>PARNITZKE, JUDY</del>	<del>13233 PECKY CYPRESS DR</del>	<del>JACKSONVILLE, FL</del>
8. Name and Address of Current Registered Agent <b>BOUCHILLON, KEVIN 4209 WEATHERWOOD ESTATES DRIVE JACKSONVILLE FL 32223</b>		9. Name and Address of New Registered Agent Name <b>KENNETH A ALLEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>12228 REEPOND DR W</b> Suite, Apt. #, Etc. City <b>JACKSONVILLE</b> State <b>FL</b> Zip Code <b>32223</b>	
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  Date <b>1/30/99</b> REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
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: 		Date <b>1/30/99</b> Telephone <b>704-292-9357</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E040 (9/98)