2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000002749

Entity Name: FIRST COAST TENNIS FOUNDATION, INC.

FILED Aug 01, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3501-B NORTH PONCE DE LEON BLVD. 1840 C GREEN SPRINGS CIRCLE SUITE 324

SUITE 324 FLEMING ISLAND, FL 32003 ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

3501-B NORTH PONCE DE LEON BLVD. P.O. BOX 9826

SUITE 324 FLEMING ISLAND, FL 32006 ST. AUGUSTINE, FL 32084

FEI Number: 59-3398351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TINGSOMBUTYOUT, THAWADCHAI ED

1840-C GREEN SPRINGS CIRCLE

ORANGE PARK, FL 32003 US

TINGSOMBUTYOUT, TOY ED

1840-C GREEN SPRINGS CIRCLE

FLEMING ISLAND, FL 32003 US

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: TOY TINGSOMBUTYOUT 08/01/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: ORR, DALE

Address: 4117 CHURCHWELL RD City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD

Name: CARNLEY, JOSEPH
Address: 2821 BISHOP ESTATES RD.,
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD

Name: PALUS, JULIE

Address: 9282 CASTLEBAR GLEN DR., City-St-Zip: JACKSONVILLE, FL 32256

Title: ED

Name: TINGSOMBUTYOUT, TOY

Address: 1840-C GREEN SPRINGS CIRCLE City-St-Zip: FLEMING ISLAND, FL 32003

Title: SEC

 Name:
 SHANKS, NATHAN

 Address:
 7529 SAN JOSE BLVD.

 City-St-Zip:
 JACKSONVILLE, FL 32217

Title: CEO

Name: TINGSOMBUTYOUT, TOY
Address: 1840 C GREEN SPRINGS CIRCLE
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: TOY TINGSOMBUTYOUT ED 08/01/2011