

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NA9000004717

1. Corporation Name

MANDARIN YOUTH BOWLERS
ASSN., INC.

2. Principal Office Address

10333 San Jose Blvd
Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

USA

3. Mailing Office Address

241 Clover Ct
Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32259

Country

USA

REINSTATEMENT

01/23

4. Date Incorporated or Qualified
To Do Business in Florida

9/00

5. FEI Number

53-3604800

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARY A BENSON

Street Address (P.O. Box Number is Not Acceptable)

2995 Hartley Rd

Suite, Apt. #, Etc.

Suite 101

City

Jacksonville

State

FL

Zip Code

32257

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-4-03

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	City / State / Zip
<u>D</u>	<u>RAYMOND F POTTS, Jr</u>	<u>1054 LARKSPUR LOOP</u>	<u>JACKSONVILLE, FL 32209</u>
<u>D</u>	<u>BILL HARDIE</u>	<u>5268 TREEWAY L.S.</u>	<u>Jacksonville FL 32256</u>
<u>D</u>	<u>Carol Jordan</u>	<u>241 Clover Ct</u>	<u>Jacksonville FL 32259</u>

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 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.

CAROL ANNE JORDAN, DIRECTOR OF FUNDRAISING

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

904-281-1123

Daytime Phone #

CR2E081 (10/02)