

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 20 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35848**

1. Corporation Name

EBONITE RECREATION CENTERS, INC.

Principal Place of Business

C/O EBONITE RECREATION CENTERS, INC.
322 E JAMES CAMPBELL BLVD
COLUMBIA TN 38401
US

Mailing Address

322 E. JAMES CAMPBELL BLVD
COLUMBIA TN 38401
US

If above addresses are incorrect in any way, line through incorrect information and enter correction 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

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1991

5. FEI Number

65-0286989

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-03



100021030251

06/20/03--01034--005 ***908.75

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DB D	TUTTLEMAN, STANLEY C.	320 N HIGHLAND AVENUE 349 MONTGOMERY AVE	MEMPHIS, TENN BALA CYNWD, PA 19004
PD	SCHEID, WILLIAM T	1329 SHALLOW LAKE CIRCLE	HOPKINSVILLE KY 42240
VC VC	TUTTLEMAN, STEVEN M.	40 BEDFORD STREET 59 John St, Suite 703 South	NEW YORK NY 10038
TD	WINDHORST, TERRY L	1813 W 7TH ST PO BOX 746	HOPKINSVILLE KY 42241
SA	ROGERS, CARL L	1813 W 7TH ST PO BOX 746	HOPKINSVILLE KY 42241

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENTLEY, MORGAN R ESQ
C/O WILLIAMS PARKER HARRISON & GETZEN
200 S. ORANGE AVENUE
SARASOTA FL 34236

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

6/18/03

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-03

Date

Daytime Phone #

270-881-1203