PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 1 & 2

APPLICATION FOR [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 25 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069910

1. Corporation Name

THE COACH CONNECTION INC.

Principal Place of Business	Mailing Address
6001-30 ARGYLE FOREST BLVD #313 JACKSONVILLE FL 32244	6001-30 ARGYLE FOREST BLVD #313 JACKSONVILLE FL 32244

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: 08/06/1999

5. FEI Number: 593601575 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
PD	WILSON, ROBERT	6001-30 ARGYLE FOREST BLVD #313	JACKSONVILLE FL 32244

300003465483--7
-11/16/00--01009--016
****150.00 ****150.00

000182 TS

8. Name and Address of Current Registered Agent

WILSON, ROBERT
6001-30 ARGYLE FOREST BLVD #313
JACKSONVILLE FL 32244

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/23/00

REGISTERED AGENT MUST SIGN

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED — 10/23/00 — 9043178[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THE COACH CONNECTION INC
6001-30 Argyle Forest Blvd. #313
Jacksonville, FL 32244
PHONE: (904) 317-8833 CELL: (904) 307-8395
24 HOUR PAGER: (904) 475-4586 FAX: (904) 317-0083

CHARTER INVOICE

OCTOBER 23rd

TO: DIVISION OF CORPORATIONS
REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL. 32314-6327.

To Whom It may Concern: I would like to apologize for not having the annual corporation fees in on time. However, I have been in the hospital with a chronic ailment for over 2 months and had no idea this was required on a yearly basis or at all for that matter. I spoke with your office and explained the situation. They told me to write this letter informing you of the situation and you could possibly review this along with a $150 check sent. I will certainly try better next year and again I sincerely apologize for this matter and hope you consider the situation. Thank you very much.

Sincerely

R. Wilson