


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.

REINSTATEMENT 02-03



100021030251
 06/20/03--01034--005 **908.75

Principal Place of Business Mailing Address

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

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

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
0-5 D	TUTTLEMAN, STANLEY C.	320 HIGHLAND AVENUE 349 MONTGOMERY AVE	MEMPHIS, TN BALA CYNWD, PA 19004
PD	SCHEID, WILLIAM T	1329 SHALLOW LAKE CIRCLE	HOPKINSVILLE KY 42240
3-5 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

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

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. or 617.0505, F.S.

Signature of Registered Agent *Morgan Bentley* **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: *Carl L Rogers* **SIGNATURE REQUIRED** CARL L ROGERS Date 6-16-03 Daytime Phone # 270-881-1203

CR2E040 (8/02)