

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 DEC -1 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727617

1. Corporation Name

UNITED STATES DENTAL TENNIS ASSOCIATION, INC.

2. Principal Office Address

3931 BAY SHORE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

3931 BAY SHORE ROAD

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34234

Country

USA

Zip

34234

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1973

5. FEI Number

23-7313401

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

D.J. KENWORTHY, D.O.S.

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

3931 BAY SHORE ROAD

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34234

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 10/16/06

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
Pres.	RALPH DeFelice	5283 N-KASHONG PT.	GENEVA NY 14456
V. Pres.	LUCIAN KAHAN	177 MAIN STREET	E. BRUNSWICK, NJ 08816
Secy.	MARK Sweeney	3305 Northland - #515	AUSTIN, TX 78731
1st Off.	HANNA Hoelsli	7060 Hollywood #400	Hollywood, CA 90028
2nd	Andrew Biggs	3810 Cedar Lane	SPokane, WA 99208
Ex. Dir.	Shaom Kenworthy	3931 BAY SHORE Rd.	SARASOTA, FL 34234

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] Ex. Director

Date

10/16/06 80-445-2524

Daytime Phone #