

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 13 PM 12:41

STATE
FLORIDA

DOCUMENT # **N95000004247**

1. Corporation Name
**Tampabay Inner-city Youth Tennis
Academy, Inc**

2. Principal Office Address - No P.O. Box # **2725 66th Terr. S**
3. Mailing Office Address **2725 66th Terr. S**

Suite, Apt. #, etc
City & State **ST PETERSBURG FL**
Zip **33712** Country **USA**

REINSTATEMENT 01-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **09/06/1995**

5. FEI Number **59-3343074**
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 **ALEXANDER CABRERA**
Street Address (P.O. Box Number is Not Acceptable) **945 AICAZAR WAY SOUTH**
Suite, Apt. #, Etc.
City **ST. PETERSBURG** State **FL** Zip Code **33705**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]* Date **08/09/07**
REGISTERED AGENT MUST SIGN

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
P	MARVA CABRERA	945 AICAZAR WAY SOUTH	ST. PETERSBURG FL 33705
Vic Pres	LIONEI ROBERTS	2725 66 th TERR. SOUTH	ST PETERSBURG FL 33712
Vic Pres	WAYNE CABRERA	945 AICAZAR WAY SOUTH	ST PETERSBURG FLORIDA 33705
REG Agent	ALEXANDER CABRERA	945 AICAZAR WAY SOUTH	ST. PETERSBURG FL 33705
Vice President	MERLENE ROBERTS	2725 66 th TERR SOUTH	ST. PETERSBURG FL 33712
Vice PRES	MICHAEL CABRERA	945 AICAZAR WAY SOUTH	ST PETERSBURG FL 33705

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]* **MARVA CABRERA** Date **08/09/07** 727 867-5239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #