

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -1 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004240

1. Corporation Name

EMERALD COAST JUNIOR TENNIS DEVELOPMENT COUNCIL, INC.

Principal Place of Business

45 WEST AUDREY DRIVE
FORT WALTON BEACH FL 33541

Mailing Address

45 WEST AUDREY DRIVE
FORT WALTON BEACH FL 33541

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

08/09/1996

5. FEI Number

59-3478987

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COLLINSWORTH, LISA	14 CHELSEA DRIVE	FT. WALTON BEACH, FL 32547
D	STENBERG, NILS ERIK	45 WEST AUDREY DRIVE	FORT WALTON BEACH FL 32548
D	WOOD, BRIAN	2534 GEORGETOWN LANE	FT. WALTON BEACH, FL 32547
D	BOGAR, NELLIE	328 CURACAO WAY	NICEVILLE, FL 32578
			2000002364842--9
			12/05/97-01113-004
			***236.25 ***236.25

8. Name and Address of Current Registered Agent

FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579

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

H. Bart Fleet

REGISTERED AGENT MUST SIGN

Date November 12, 1997

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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:

Nils Erik Stenbergs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/97
Date

850-244-4566
Daytime Phone #

CR2E040 (8/97)