

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 26 PM 3:13

DOCUMENT # N96000004240

1. Corporation Name

EMERALD COAST JUNIOR TENNIS DEVELOPMENT COUNCIL,  
INC.

Principal Place of Business

Mailing Address

~~45 WEST AUDREY DRIVE~~  
~~FORT WALTON BEACH FL 32548~~  
~~US~~

~~45 WEST AUDREY DRIVE~~  
~~PORT WALTON BEACH FL 32548~~  
~~US~~

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

08/09/1996

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	4 City / State / Zip
V/D	WORTH, LISA C SEMAN, RICHARD	14 CHELSEA DR 45 W. AUDREY DRIVE	FT WALTON BEACH FL 32548 FT. WALTON BEACH, FL 32548
S	BAKER, PATRICIA KLINGENBERG, ROBIN	6977 MONTERREY RD 777 BAY DRIVE	CRESTVIEW FL 32539 NICEVILLE, FLORIDA 32578
T	CZONSTKA, STEVE KLINGENBERG, LARRY	1221 OAKMONT DRIVE 777 BAY DRIVE	NICEVILLE FL 32578 NICEVILLE, FLORIDA 32578
D	BOGAR, NELLIE	328 CURACAO WAY	NICEVILLE FL 32578
P/D	STENBERG, ERIK CZONSTKA, STEVEN	45 W AUDREY DR 4554 REDBUG TRAIL	FT WALTON BEACH FL 32548 NICEVILLE, FLORIDA 32578

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUNER, VINCENT M  
110 EGLIN PARKWAY  
FT WALTON BEACH FL 32548

Name

CZONSTKA, STEVEN

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

4554 REDBUG TRAIL

Suite, Apt. #, Etc.

City

Niceville

State

FL

Zip Code

32578

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

Steven Czonszka  
REGISTERED AGENT MUST SIGN

Date

12/24/2001

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)(f), 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:

Nellie Bogar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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12-24-01 (850) 897-3166

CR2E040 (8/01)