

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED

97 APR 14 AM 11:11

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **K12779**
 1. Corporation Name
International Tennis Promotions, Inc.

Principal Place of Business Mailing Address
701 St. Andrews Rd. **HCI Box 23**
Hollywood, FL 33021 **Durham, NY**
12422

REINSTATEMENT 95-97

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		4. Date Incorporated or Qualified To Do Business in Florida January 25, 1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0025375	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
President	Karen Feldman	HCI Box 23 (Rte 20) Durham, NY 12422	Durham, NY 12422
Treasurer	Edward Herr	701 St. Andrews Rd. Hollywood, FL 33021	Hollywood, FL 33021
Secretary			
Director			
Chairman			

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
PAUL M. MARMISH, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
2666 TIGERTAIL AVENUE, SUITE 102
 Suite, Apt. #, Etc.
 City
COCONUT GROVE, FL State **FL** Zip Code **33133**

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

Paul Marmish

REGISTERED AGENT MUST SIGN

Date **4/2/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Feldman
Karen Feldman

Date **4-08-97**

Date

(518) 239-6279

Daytime Phone #

CR2E040 (12/96)