

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

1. **DOCUMENT #** L00000016311

Name and Mailing Address

0017564 01 FP 0.352 **PRSRT T4 0 0615 33442

GARY KESL TENNIS ACADEMY, LLC
2950 DEER CREEK CC BLVD
DEERFIELD BEACH FL 33442



2. New Mailing Address

City, State, Zip

Principal Place of Business

2950 DEER CREEK CC BLVD
DEERFIELD BEACH FL 33442

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

12/29/2000

6. FEI Number

65-1063382

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

HRAWG CORP.
1801 N. MILITARY TRAIL STE 200
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Larry S. Combs

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/29/03

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|--------------------------|
| MGRM | KESL, GARY | 2950 DEER CREEK COUNTRY CLUB BLVD | DEERFIELD BEACH FL 33442 |
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900024331929
10/31/03-01047-003 **155.00

REINSTATEMENT

Dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Larry S. Combs
SIGNATURE REQUIRED

Date 10/29/03 Daytime Phone # 561 756 6384

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)