

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 10 AM 11:36

DOCUMENT # L30602

1. Corporation Name

DAN MILLER TENNIS

2. Principal Office Address

16003 BETHANY PL

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33647

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1989

5. FEI Number

59-2976746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 7-01

7. Name and Address of Current Registered Agent

Name

JODI S. MILLER

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

16003 BETHANY PLACE

Suite, Apt. #, Etc.

788884651567--5

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***1350.00 ***1350.00

City

TAMPA

State
FL

Zip Code

33647

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

Jodi S. Miller

REGISTERED AGENT MUST SIGN

Date 9/18/01

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
PD	MILLER, DANIEL F	16003 BETHANY PLACE TAMPA FL	TAMPA FL 33647
V/S/D	MILLER, JODI S.	16003 BETHANY PL	TAMPA FL 33647

AD

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 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:

Daniel F. Miller

DANIEL F. MILLER

9/18/01

813-971-6174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)