

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jan Harris
Secretary of State
BUREAU OF CORPORATIONS

FILED

00 OCT 16 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66964
1. Corporation Name
BISCAYNE TENNIS, INC.

Principal Place of Business Mailing Address
% STEPHEN FEDERICO 12733 BISCAYNE BLVD. N MIAMI FL 33181
% STEPHEN FEDERICO 12733 BISCAYNE BLVD. N MIAMI FL 33181
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 01/29/1988
5. FEI Number 65-0040305 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	BOBSON, WILLIAM	16471 N.E. 27 PLACE	N MIAMI BCH FL
STD	FEDERICO, STEPHEN	711 S.W. 113TH TERR	PEMBROKE PINES FL
			600003441576--4 -10/27/00--01014--DD3 ***150.00 ***150.00
			LS

8. Name and Address of Current Registered Agent
FEDERICO, STEPHEN
12733 BISCAYNE BLVD.
N MIAMI FL 33181

9. Name and Address of New Registered Agent
Name: Victoria Ochoa
Street Address (P.O. Box Number is Not Acceptable): 73-80 SW 21ST
Suite, Apt. #, Etc.:
City: Miami FL State: FL Zip Code: 33155

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: [Signature] REGISTERED AGENT MUST SIGN Date: 10/13/00

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)(i), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] STEPHEN FEDERICO Date: 10/13/00 305 891172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

2012

BISCAYNE TENNIS, Inc.
12733 Biscayne Blvd.,
North Miami Fl. 33181
Email address: Tennisbiz@hotmail.com

To whom it may concern:

This letter is inform you that we did not receive any request for the "annual report/uniform business report", nor did we receive any further notice. We hereby request a waiver of any late fees regarding this matter.

Please find herein the annual fee due for continuing our corporate status.

Sincerely,



Stephen Federico, Std.