

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 DEC -9 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M72403**

1 Corporation Name

TENNIS PARTNERS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2040 N.W. 55TH AVENUE  
MARGATE, FL. 33063

2040 N.W. 55TH AVENUE  
MARGATE, FL. 33063

REINSTATEMENT **AS-96**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 04-3023435	
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	FUNK, DAVID G.	2330 NW 53RD STREET	BOCA RATON, FL. 33496
V.P.	KATZEFF, RICHARD A.	123 COONAMESSETT CIRCLE	E. FALMOUTH, MA 02536

000002026380--2  
-12/11/96--01076--012  
\*\*\*\*\$75.00 \*\*\*\*\$75.00

**202-10 96**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID G. FUNK  
2330 N.W. 53RD STREET  
BOCA RATON, FL. 33496

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

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]*

Date **12/3/96**

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/3/96 954 971 0014**  
Date Daytime Phone #

CR20040 (12/95)