PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP -8 AM 8:57

DOCUMENT # N00000001912

1. Corporation Name

IOLA McCOY DOUBLES LADIES TENNIS CORP.

100157555141
06/22/09--01055--004 **498.75

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
161 N.W. 127 AVE	161 NW 127 AVE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: PLANTATION, FL	City & State: PLANTATION, FL
Zip: 33325 Country: USA	Zip: 33325 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/23/00

5. FEI Number: 65-0992974 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOANNE McDONALD

Street Address (P.O. Box Number is Not Acceptable): 161 N.W. 127 AVE

Suite, Apt. #, Etc.

City: PLANTATION, State: FL Zip Code: 33325

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Joanne McDonald Date: 6/11/09

REGISTERED AGENT MUST SIGN

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
PRES.	SCARLETT FIORITO	3400 SW 132 AVE	MIRAMAR, FL 33027
V.P.	CONNIE FLEISCHER	701 NW 105 AVE	PLANTATION, FL 33324
TREAS.	JOANNE McDONALD	161 N.W 127 AVE	PLANTATION FL 33325
		STATEMENT 02-09	

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 exemption contained in Chapter 119, 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: Joanne McDonald Treasurer JOANNE McDONALD 6/11/09 (954) 650-1386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #