

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 21 PM 4:00

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1D000000086**

1. Corporation Name

**INDIAN RIVER TENNIS  
FOUNDATION, INC.**

2. Principal Office Address

**2636 LAUREL DR.**

Suite, Apt. #, etc.

City & State

**VERO BEACH, FL**

Zip

**32960**

Country

**USA**

3. Mailing Office Address

**2636 LAUREL DR.**

Suite, Apt. #, etc.

City & State

**VERO BEACH, FL**

Zip

**32960**

Country

**USA**

**REINSTATEMENT 03-06**

CR2E081 (12/05)

WOP

4. Date Incorporated or Qualified  
To Do Business in Florida

**12-21-2002**

5. FEI Number

**59 3701894**

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

**JAMES K. BUCK**

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

**2636 LAUREL DRIVE**

Suite, Apt. #, Etc.

City

**VERO BEACH**

State  
**FL**

Zip Code

**32960**

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

*[Signature of James K. Buck]*

REGISTERED AGENT MUST SIGN

Date

**3/14/06**

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
P	JAMES K. BUCK	2636 LAUREL DR.	VERO BEACH, FL 32960
D	THOMAS COLLINS	1190 BOUNTY BLVD.	" " " 32963
D	CLIFF NORRIS	4690 PEBBLE BAY CR.	" " " 32963
D	PAUL LEARY	542 WHITE PELICAN CR.	" " " 32963
			500069956385 04/10/06--01059--006 **245.00

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 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:

*[Signature of James K. Buck]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES K. BUCK, 3/14/06**

Date

Daytime Phone #

722-

**388-9094**

20x2

**INDIAN RIVER TENNIS FOUNDATION, INC.**  
**2636 Laurel Drive, Vero Beach, FL 32960**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

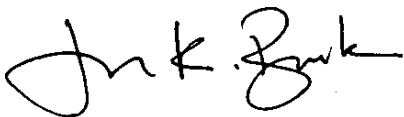
Re: Document # N01000000086

Dear Sir or Madam:

Enclosed is the corporate reinstatement signed document for the above captioned not for profit corporation.

Unfortunately we did not receive the information to file the necessary annual report and the corporation became inactive. It is a financial burden to pay the \$175.00 reinstatement fee so we respectfully ask that we pay only \$245.00 to activate the corporation.

Sincerely,



James K. Buck  
President  
Indian River Tennis Foundation, Inc.