

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -6 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01000000909**

1. Corporation Name

**South County Tennis  
Foundation, Inc.  
c/o Drew Evert**

2. Principal Office Address

**9757 Arbor Oaks Ln.**

3. Mailing Office Address

**PO Box 880744**

Suite, Apt. #, etc.

**Suite 102**

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL.**

City & State

**BOCA RATON, FL**

Zip

**33428**

Country

**USA**

Zip

**33428**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Feb 6, 2001**

5. FEI Number

**65-1085380**

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

**DREW EVERT**

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

**9757 ARBOR OAKS LANE**

Suite, Apt. #, Etc.

**SUITE 102**

City

**BOCA RATON**

State

**FL**

Zip Code

**33428**

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

*Drew Evert*

Date **10/15/02**

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	DREW EVERT - D	BOCA RATON, FL. 33428 9757 ARBOR OAKS LN #102	
SEC	DON CLEVELAND - D	1627 N. SWINTON AVE DELRAY BEACH, FL 33444	
TRES	JEAN MILLS - D	3555 Lakeview Blvd DELRAY BEACH, FL. 33445	

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:

*Drew Evert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/15/02**

Date

**561-756-5965**

Daytime Phone #

CR2E081 (9/01)

12/10