

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 001000005827

1. Corporation Name

SPACE COAST TENNIS ASSOCIATION INC.

2. Principal Office Address - No P.O. Box #

530 THOMAS BARBOUR DR

Suite, Apt. #, etc.

City & State

MELBOURNE, FLA.

Zip

32935

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

11

Country

7. Name and Address of Current Registered Agent

Name

MIKE DICKENS

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

530 THOMAS BARBOUR DR.

Suite, Apt. #, Etc.

1

City

MELBOURNE

State

FL

Zip Code

32935

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

*Mike Dickens*

REGISTERED AGENT MUST SIGN

Date 9/4/07

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	MIKE DICKENS	530 THOMAS BARBOUR DR	MELBOURNE, FL 32935
VP	LORI SCHIAVONE	440 KALE ST.	SATELLITE BOW, FL 32937
TREAS	RAY MAZZONI	400 ANDREWS DR.	MELBOURNE BOW, FL 32951
	<i>Shipp</i>		
			300113404183 12/26/07--01038--019 **\$42.50

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:

*Mike Dickens* MIKE DICKENS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/4/07

Daytime Phone #

321-863-0945

FILED

08 JAN -2 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-09

CR2E081 (1/07)