

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 16 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000006771

1. Corporation Name

Key West Youth Tennis, Inc.

2. Principal Office Address

1208 WATSON ST.

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

USA

3. Mailing Office Address

1208 Watson Street

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

Monroe

**REINSTATEMENT 02-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

9/21/01

5. FEI Number

NONE

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

Mark Willis

Street

5525 College Road

Suite, A

City

Key West

State

FL

Zip Code

33040

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

Heidi Golightly  
REGISTERED AGENT MUST SIGN

Date 3/10/05

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
<u>Pres</u>	<u>Maria Hemberger</u>	<u>508B Truman Annex</u>	<u>KW FL 33040</u>
<u>Sec</u>	<u>Heidi Golightly</u>	<u>1208 Watson St</u>	<u>KW FL 33040</u>
<u>Treas</u>	<u>Yolande Findlay</u>	<u>3902 Fogarty Ave</u>	<u>KW FL 33040</u>

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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:

Heidi Golightly  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/05 35293.1549x  
Date Daytime Phone #

375

CR2E081 (01/05)