

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N02000003348**

1. Corporation Name

**TENNIS FOR FUN INC.**

Principal Place of Business

Mailing Address

3979 FOUR OAKS BLVD.  
TALLAHASSEE FL 32311

3979 FOUR OAKS BLVD.  
TALLAHASSEE FL 32311

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/2002

5. FEI Number

03-0438-192

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MARSH, DIANE	3979 FOUR OAKS BLVD.	TALLAHASSEE FL 32311
<del>D</del>	<del>HIRST, JAY</del>	<del>1750 N. MERIDIAN ROAD</del>	<del>TALLAHASSEE FL 32311</del> Delete
D	MCANALLY, LISA	1187 ROUNDS PT.	TALLAHASSEE FL 32311
D	OLENYCH, MARIE	3530 BEAR CREEK ROAD	TALLAHASSEE FL 32311

800023818228  
10/15/03--01051--017 \*\*70.00

8. Name and Address of Current Registered Agent

MARSH, DIANE  
3979 FOUR OAKS BLVD.  
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Diane S. Marsh*

Date

10-9-03

REGISTERED AGENT MUST SIGN

11. 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:

*Diane S. Marsh*  
Diane Marsh

Date

10-9-03

Daytime Phone #

(850) 956-3922

10-7-03

Dept. of State  
2007 ANNUAL REPORT

Please accept this application to receive a  
Certificate of status. This replaces our first report  
sent in April, 2003. We have no record of receiving  
any other notifications.

Thank you,

Diane S. Marsh