

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 MAR -2 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N07000004116

1. Corporation Name

TENNIS PROFESSIONALS CHARITIES FOUNDATION, INC.

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

30 Tradewinds Drive

Suite, Apt. #, etc.

City & State

Indian Harbour Beach, Florida

Zip

32937

Country

USA

3. Mailing Office Address

30 Tradewinds Drive

Suite, Apt. #, etc.

City & State

Indian Harbour Beach, Florida

Zip

32937

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
April 24, 2007

5. FET Number

20-8917768

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

Philip F. Nohrr, Esq.

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

1795 West Nasa Boulevard

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32901

500282863885  
03/02/16--01018--020 \*\*358.75

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

*Philip F. Nohrr*

REGISTERED AGENT MUST SIGN

Date 2/29/16

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	Murray Lilley	30 Tradewinds Drive	Indian Harbour Beach, Florida 32937
VP	Kelly Camirand	30 Tradewinds Drive	Indian Harbour Beach, Florida 32937
S/T	Wendy Watson	30 Tradewinds Drive	Indian Harbour Beach, Florida 32937

REINSTATEMENT

2014-2016

10. E-mail Address: philip.nohrr@gray-robinson.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Wendy Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/25/16

Daytime Phone #