

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 27 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N32571**

1. Corporation Name

PENSACOLA JUNIOR TENNIS ASSOCIATION, INC

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

4601 Summit Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Zip

32504

Country

USA

Zip

Country

REINSTATEMENT

CR2E081 (6/10)

05-10

4. Date Incorporated or Qualified
To Do Business in Florida

040604

5. FEI Number

59-2969208

☐ 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

JACK L. LOWREY JR.

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

3730 BARNWELL CIR.

Suite, Apt. #, Etc.

City

PENSACOLA

State
FL

Zip Code

32503

500184786645
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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

[Signature]
REGISTERED AGENT MUST SIGN

Date **8-20-10**

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.	PAUL EINHART	4601 Summit Blvd	PENSACOLA FL 32504
SEC- TREAS	JACK L. LOWREY	3730 BARNWELL CIR.	PENSACOLA FL 32503
VP	BRUCE CATON	4601 Summit Blvd	PENSACOLA FL 32504
VP	RAY PALMER	101 W. MAIN ST.	PENSACOLA FL 32501
		08/27	

10. E-mail Address: **ALJACK@COX.NET**

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

8-20-10 850-501-9480