

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


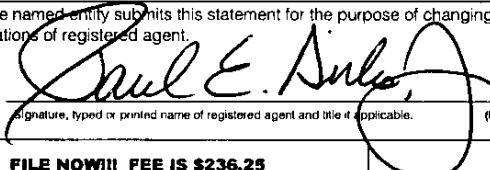
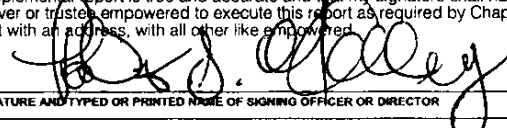
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FILED

07 DEC 31 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N49977			
1. Entity Name TALLAHASSEE TENNIS ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 38415 TALLAHASSEE, FL 32315 US		Mailing Address P.O. BOX 38415 TALLAHASSEE, FL 32315 US	
2. Principal Place of Business - No P.O. Box # FOREST MEADOWS PARK 4950 N. MERIDIAN ROAD TALLAHASSEE, FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
10182007 REIN-NP		CR2E099 (1/07)	
4. FEI Number 59-3139981		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARRIS, MARGARET R 3705 LONGFORD DRIVE TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name: DIRKS, PAUL Street Address (P.O. Box Number is Not Acceptable): 3974 MCWEST COURT City: TALLAHASSEE FL Zip Code: 32303	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 12/31/2007	
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: DURHAM, JESSE STREET ADDRESS: 629 FOREST LAIR CITY-ST-ZIP: TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE: TD NAME: O'KELLEY, ROBERT STREET ADDRESS: 3014 HARBERS FERRY DR CITY-ST-ZIP: TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: PPD NAME: TARTAGLIA, MIKE STREET ADDRESS: 5206 RIVIERA DRIVE CITY-ST-ZIP: TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 000115203010 01/15/08--01040--001 **61.25		
TITLE: PD NAME: DAMRON, KIM STREET ADDRESS: 1624 NORWOOD LANE CITY-ST-ZIP: TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: REINSTATEMENT 2007		
TITLE: D NAME: DADISMAN, CARROL STREET ADDRESS: 1235 LIVE OAK PLANTATION RD. CITY-ST-ZIP: TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: SD NAME: GANDY, LORI STREET ADDRESS: 8239 BUCK LAKE DR. CITY-ST-ZIP: TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: VPB NAME: MARSTON, TIM STREET ADDRESS: 2002 W. FOREST DRIVE CITY-ST-ZIP: TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: MACFARLAND, KAREN 309 OAKS WILL OT TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 12-31-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

To Whom It May Concern:

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Upon receipt of the 2nd AR notice the TTA treasurer attempted to file on-line unsuccessfully due to on-line problems. We are requesting that you waive the re-instatement fee.

respectively submitted,
Paul E. Nicks
Executive Director, TTA
893-2251