

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -5 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N93000001763**

1. Corporation Name

BAY AREA TENNIS, INC.

2. Principal Office Address

73 S. Palm Ave.,

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 215

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34236

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/1993

5. FEI Number

65-0405408

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

Kate Morrison

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

3451 Queen Street

Suite, Apt. #, Etc.

Apt. 226

City

Sarasota

State

FL

Zip Code

34231

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

*Kate Morrison*

Date 02/02/2001

REGISTERED AGENT MUST SIGN

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	McMurray, Donald	1303 Landings Dr.	Sarasota, FL 34231
VP	Bangoura, Sekou	1006 45th Street, E.	Bradenton, FL 34208
T	Shanley Deborah	1970 Landings Blvd.	Sarasota, FL 34231
S	McMurray, Meredith	1303 Landings Dr.	Sarasota, FL 34231
D	Fox, Jennifer	6476 29th Street, N.	Bradenton, FL 34209
D	Morrison, Kate	3451 Queen Street, # 226	Sarasota, FL 34231

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: Donald A. McMurray, Ph.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 2, 2001

Date Daytime Phone #

941-921-5181

CR2E081 (9/00)