

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N96000001398

1. Corporation Name

JACKSONVILLE JUNIOR TENNIS ACADEMY, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

3520 Ola Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32205

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-11-96

5. FEI Number

59-3375730

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres./ Direc.	Robert C. Johnson	3520 Ola Street	Jacksonville, FL 32205
Direc.	Earl S. Poitevent, III	4575 St. Johns Avenue, #3	Jacksonville, FL 32210
Direc.	Malachi Haughton, III	3579 Herschel Street	Jacksonville, FL 32205
Direc.	Robert F. Travis, Jr.	4144 Herschel Street	Jacksonville, FL 32210

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****297.50 ****297.50

8. Name and Address of Current Registered Agent

Robert C. Johnson
3520 Ola Street
Jacksonville, FL 32205

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.

Signature of
Registered Agent

Robert C. Johnson REGISTERED AGENT MUST SIGN

Date 6/01/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Johnson

6/01/98
Date

(904) 389-1476
Daytime Phone #

FILED

98 JUL 10 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-98

CR2E040 (1/96)