

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -4 PM 4:00

DOCUMENT # N96000002275

1. Corporation Name

South Florida Youth Development Tennis Program Inc.

2. Principal Office Address

8140 Cleary Blvd

Suite, Apt. #, etc.

Suite 1416

City & State

Plantation FL

Zip

33324

Country

USA

3. Mailing Office Address

8140 Cleary Blvd

Suite, Apt. #, etc.

Suite 1416

City & State

Plantation FL

Zip

33324

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/26/96

5. FEI Number

65-0666273

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

Caroline Rucker

800005326788-8

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

8140 Cleary Blvd

04/23/02 01061 029

****367.50 ****367.50

Suite, Apt. #, Etc.

Suite 1416

City

Plantation

State

FL

Zip Code

33324

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

Caroline Rucker

Date

3/28/02

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
D	Jerome Owens	7460 NW 4th St #260	Plantation FL 33324
Pres	Albert + Tucker	8140 Cleary Blvd #1416	Plantation FL 33324
D	Hayward Benson	4410 NW 67th Terr.	Lauderhill FL 33313
Sec/ Treas.	Caroline Rucker	8140 Cleary Blvd #1416	Plantation FL 33324

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:

Caroline Rucker

Caroline Rucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

954-382-1121

Daytime Phone #