

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 23 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003682

1. Corporation Name

ACADEMY OF TENNIS AND EDUCATION FOR THE
ADVANCEMENT OF MINORITIES, Inc.

2. Principal Office Address

6174 FOREST HILL BLVD

Suite, Apt. #, etc.

209

City & State

WEST PALM BEACH, FL

Zip

33415

Country

USA

3. Mailing Office Address

6174 FOREST HILL BLVD

Suite, Apt. #, etc.

209

City & State

WEST PALM BEACH, FL

Zip

33415

Country

USA

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 24th -1998

5. FEI Number

65-0848436

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

W. WESLEY BAPTISTE

10000597087

1--8

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

6174 FOREST HILL BLVD

06/25/02 01041

025

***270.00 ***

270.00

Suite, Apt. #, Etc.

209

10000597087

1--8

06/25/02 01041

026

City

WEST PALM BEACH

State

FL

Zip 06/25/02 01041

33415

***150.00 ***

150.00

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

W. Wesley Baptiste

REGISTERED AGENT MUST SIGN

Date 03/05/02

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	W. WESLEY BAPTISTE	6174 FOREST HILL BLVD #209	WEST PALM BEACH, FL 33415
D	DERWENT FM DONALDSON	3900 CYPRESS LAKE DRIVE	LAKE WORTH, FL 33467
D	TERRY ROSE	313 CANTERBURY	RIVIERA BEACH, FL 33402
T	PAUL SIKYERS	2001 BROADWAY #3250	RIVIERA BEACH, FL 33404

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:

W. Wesley Baptiste

W. WESLEY BAPTISTE

03/05/02

(561) 964-6244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)