


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 MAY 19 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # *N99000003091*

1. Corporation Name
*Greater Volusia Network
Tennis Association*

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address

1 Deuce Court
Suite, Apt. #, etc. *Suite #200*

City & State *Daytona Beach, FL*
Zip *32124* Country *USA*

300129774573
*05/19/08--01006--007 **481.25*
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida *5/7/1999*

5. FEI Number *593604048* ☐ 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 *Dave Brown*
Street Address (P.O. Box Number is Not Acceptable) *1 Deuce Court*
Suite, Apt. #, Etc. *Suite #200*
City *Daytona Beach* State *FL* Zip Code *32124*

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *David A. Brown* Date *May 14 '08*
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
<i>P/D</i>	<i>Dave Brown</i>	<i>1 Deuce Ct #200</i>	<i>Daytona Beach, 32124</i>
<i>VP/D</i>	<i>Tom Kelly</i>	<i>66 South Center St.</i>	<i>Ormond Beach, 32174</i>
<i>S/D</i>	<i>Rita Redstone</i>	<i>1705 Creekwater Blvd</i>	<i>Port Orange, 32128</i>
<i>T/D</i>	<i>Joan Davidson</i>	<i>202 Quay Assise</i>	<i>New Smyrna, FL 32169</i>

REINSTATEMENT *04-08*

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 contained in Chapter 119, 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: *David A. Brown (DAVID A. BROWN)* President *May 14, 08* *386-671-8903*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #