

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



01-02462
FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV - 15 AM 8:01

DOCUMENT # P00000034614

1. Corporation Name

World Class Tennis Line.
500 MINOLA DR.
MIA SPRING, FL. 33166

2. Principal Office Address

500 MINOLA DR.

Suite, Apt. #, etc.

City & State

MIA SPRING

Zip

33166

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLA

Zip

Country

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

5. FEI Number

65-0996476

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

HAROLD FROBMAN

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

500 MINOLA DR.

Suite, Apt. #, Etc.

MIA SPRING, FLA

City

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/14/02

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

PD

HAROLD FROBMAN

500 MINOLA DR.

MIA SPRING, FLA

33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] *[Signature]*

Date

10/14/02

Daytime Phone #

786-306-1112