


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 02-03		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000070370			
1. Corporation Name GABRIEL FERRER TENNIS, INC. 5802 LONGWOOD RUN BLVD SARASOTA, FL 34234			
2. Principal Office Address 5802 LONGWOOD RUN BLVD Suite, Apt. #, etc.		3. Mailing Office Address 5802 LONGWOOD RUN BLVD Suite, Apt. #, etc.	
City & State SARASOTA, FLORIDA		City & State SARASOTA, FL	
Zip 34234	Country	Zip 34234	Country

FILED
03 JUN 23 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600021270376
07/02/03--01030--025 **150.00

03-25-02 90055 002 \$150

4. Date Incorporated or Qualified To Do Business in Florida 7/15/2001	
5. FEI Number 65-1125954	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name GABRIEL FERRER		
Street Address (P.O. Box Number is Not Acceptable) 5802 LONGWOOD RUN BLVD.		
Suite, Apt. #, Etc.		
City SARASOTA	State FL	Zip Code 34234

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

REGISTERED AGENT MUST SIGN

Date

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.D.	GABRIEL FERRER	5802 LONGWOOD RUN BLVD.	SARASOTA, FL 34234

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

6-19-03

Date

941-351-5777

Daytime Phone #

Page 20/2

GABRIEL FERRER TENNIS, INC.
5802 LONGWOOD RUN BLVD.
SARASOTA, FL 34243

Florida Department of State
Division of Corporations
Tallahassee, FL

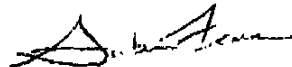
Re: Gabriel Ferrer Tennis, Inc.
Document # P01000070370

To Whom It May Concern:

This is a formal request for an abatement of \$600 penalty for reinstatement of the above Referenced corporation. The primary address for this corporation was moved and I never received and thus did not respond to a letter requesting information on officers and directors. I was given this request verbally a few days ago when my accountant called your office to find out what had happened with this account. Also, because of this, an annual fee report was not received for 2003. The information you needed on officers and directors is attached on the reinstatement form.

Thank you for your time and consideration in this request. Please let me know your decision as soon as reasonably possible.

Very truly yours,



Gabriel Ferrer
President/Director