

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *PO2000049165*

1. Corporation Name

Multidor's Tennis Inc

2. Principal Office Address

3. Mailing Office Address

888 Brickell Key Dr

888 Brickell Key Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1800

1800

City & State

City & State

Miami Florida

Miami Florida

Zip

Country

Zip

Country

33131

USA

33131

USA

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

05/06/2002

5. FEI Number

010683261

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

Antoine Multidor

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

1401 SW 22nd Street

Suite, Apt. #, Etc.

706

City

Miami

State

FL

Zip Code

33145

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 *11/30/2005*

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</i>	<i>Antoine Multidor</i>	<i>Unit # 706 1401 SW 22nd Street</i>	<i>Miami / FL / 33145</i>

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]

Antoine Multidor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/2005 786 3447743

Date

Daytime Phone #

FILED
05 DEC -1 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*11/17/05 01030 007 8.75
11/17/05 01030 006 990.00*

CR2E081 (8/05)

REINSTATEMENT
REINSTATEMENT

J. Roberts DEC 01 2005