

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000078749

1. Corporation Name

TENNIS MANAGEMENT SERVICES #1, INC.

2. Principal Office Address - No P.O. Box #
825 N. E. 100 Street

Suite, Apt. #, etc.

City & State
Miami Shores, FL

Zip
33138

Country
USA

3. Mailing Office Address
1079 N. E. 96 Street

Suite, Apt. #, etc.

City & State
Miami Shores, FL

Zip
33138

Country
USA

REINSTATEMENT

CR2E081 (12/08)

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

7/19/02

5. FEI Number
161616253

☐ 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
Howard Orlin

Street Address (P.O. Box Number is Not Acceptable)
1079 N. E. 96 Street

Suite, Apt. #, Etc.

City
Miami Shores

State
FL

Zip Code
33138

☒ 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

REGISTERED AGENT MUST SIGN

Date July 1, 2009

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 | Howard Orlin | 1079 N. E. 96 Street | Miami Shores, FL 33138 |
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REINSTATEMENT

04-09

000160080130
08/28/09--01047--017 **\$08.75

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:

HOWARD ORLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2009

(786) 402-7984

Daytime Phone #