

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 AUG 28 AM 9:49

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

DOCUMENT # P02000078749

1. Corporation Name

TENNIS MANAGEMENT SERVICES #1, INC.

**REINSTATEMENT**

CR2E081 (12/08)

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami Shores, FL

City & State  
Miami Shores, FL

Zip  
33138

Country  
USA

Zip  
33138

Country  
USA

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

*[Handwritten Signature]*

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

REINSTATEMENT 04-09

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08/28/09--01047--017 \*\*308.75

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:

*[Handwritten Signature]* HOWARD ORLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2009

Date

(786) 402-7984  
Daytime Phone #