

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P02000097683**

1. Corporation Name

BOB BYNUM'S MATCH POINT TENNIS, INC.

Principal Place of Business

6861 TAMARIND CIRCLE
ORLANDO FL 32819
US

Mailing Address

6861 TAMARIND CIRCLE
ORLANDO FL 32819
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2002

5. FEI Number

36-4506330

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BYNUM, ROBERT	6861 TAMARIND CIRCLE	ORLANDO FL 32819
VP	LICORISH BYNUM, SHELLY	6861 TAMARIND CIRCLE	ORLANDO FL 32819

400025940894
01/02/04--01056--015 **150.00

8. Name and Address of Current Registered Agent

BYNUM, ROBERT
6861 TAMARIND CIRCLE
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Robert Bynum
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/29/03

11. 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:

Robert Bynum
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/03

Daytime Phone #

407-903-1220

FILED

04 JAN -2 AM 11:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)

Robert Bynum, President
Bob Bynum's Match Point Tennis, Inc.
6861 Tamarind Circle
Orlando, FL 32819

December 29, 2003


Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern,

We recently received notice of the dissolution of our for-profit corporation **Bob Bynum's Match Point Tennis, Inc.** To the best of our knowledge we did not receive prior notice of our obligation to file an annual report or risk dissolution.

We are a very small business and have actually not done all that much business this year or last and so were not aware of the fact that we needed to file an annual report with so little activity. This is not an excuse, simply a reason as to why we did not. We are unaware of the reasons why we did not receive the previous notices sent to us, and therefore would like to request the reinstatement of our corporation. We have enclosed the \$150 fee required with this request and will await your decision on this matter.

Thank you,


Robert Bynum, President
Bob Bynum's Match Point Tennis, Inc.