

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000110304 1. Entity Name CELSIUS TENNIS ACADEMY, INC			FILED 07 MAY 15 AM 9: 05 CLERK OF THE STATE TALLAHASSEE, FLORIDA
Principal Place of Business 500 JEFFERSON AVE APT I-4 SARASOTA, FL 34237		Mailing Address 500 JEFFERSON AVE APT I-4 SARASOTA, FL 34237	
2. Principal Place of Business - No P.O. Box # 3737 S. TUTTLE AVE.	3. Mailing Address 3737 S. TUTTLE AVE.		
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 		
City & State Sarasota, FL	City & State SARASOTA, FL		
Zip 34239	Country 	Zip 34239	Country
4. FEI Number 27-0033345		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHENOUR, CARY 500 JEFFERSON AVE APT I-4 SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name CARY COHENOUR Street Address (P.O. Box Number is Not Acceptable) 3737 S. TUTTLE AVE City Sarasota FL Zip Code 34239	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE 4-29-07	
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST COHENOUR, CARY 500 JEFFERSON AVE APT I-4 SARASOTA, FL 34237	TITLE NAME STREET ADDRESS CITY - ST - ZIP	COHENOUR, CARY 3737 S. TUTTLE AVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE:		DATE 4-29-07	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	