

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 26 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000004469

1. Corporation Name

TennisMundo, Inc.

600177718036
04/26/10-01059--011 **600.00

REINSTATEMENT

07-10

2. Principal Office Address - No P.O. Box #
8200 NW 45th Street

3. Mailing Office Address
8200 NW 45th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

City & State

Lauderhill, Florida

Zip

33351

Country

USA

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 01/13/2003

5. FEI Number
270049596

☐ 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

Danny Torres

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

8200 NW 45th Street

Suite, Apt. #, Etc.

City

Lauderhill, Florida

State

FL

Zip Code

33351

☒ 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 April 15, 2010

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
President	Danny Torres	8200 NW 45th Street	Lauderhill, Florida
Vice President	Tara Torres	8200 NW 45th Street	Lauderhill, Florida
Treasurer	Julio Torres	521 NW 86th Avenue	Pembroke Pines, Florida

10. E-mail Address: TennisMundo@TennisMundo.com

(To be used for future annual report notification)

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. I further certify, 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:

Danny Torres

April 15, 2010 954-347-2449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #