

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000035026

1. Entity Name
ATHLETIC TENNIS ACADEMY, INC.



Principal Place of Business
1455 NW 107TH AVE #596
MIAMI, FL 33172

Mailing Address
4630 NW 102ND AVE
APT 204
MIAMI, FL 33178

2. Principal Place of Business

3. Mailing Address

9365 Fontainebleau Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. E238.

City & State

City & State

Miami - Florida.

Zip

Country

Zip

Country

33172

U.S.

FILED
05 MAR -2 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0/23/04 90002048 150.00

02152005 REIN-P CR2E098 (6/04)

4. FEI Number
32-0068966.

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RECORDKEEPING SOLUTIONS, INC.
1865 KENNEDY CSWY #5-G
NORTH BAY VILLAGE, FL 33141

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD JUAREZ, JOHANA 1455 NW 107TH AVE., #596 MIAMI, FL 33172 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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REINSTATEMENT 04-05

600048027366
03/09/05--01008--001 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHANA JUAREZ 02/25/05

Date

Daytime Phone #